

ACKNOWLEDGEMENT OF RECEIPT

DEFENDANT: David Royse Ladd

DOCKET NUMBER: 89-CR-083-005-E

I hereby certify delivery of the above styled Sentencing Memorandum to the U. S. Attorney's Office this date.



U. S. Probation Office

August 9, 1993
Date

RECEIVED

AUG 09 1993

**U. S. ATTORNEY
N. D. OKLAHOMA**

Certificate of Notice / Service

P 245 304 259 *Ladd*



Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Sent to <i>Mrs. John Dowdell, Atty.</i>	
Street and No. <i>2900 Mid-Continent Tower</i>	
P.O., State and ZIP Code <i>Tulsa OK 74103</i>	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark of Date <i>AUG 9 1993</i> <i>USPS</i>	

PS Form 3800, June 1991

Official Mail

P 245 304 260 *Ladd*



Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Sent to <i>David R. Ladd c/o John Dowdell</i>	
Street and No. <i>2900 Mid-Continent Tower</i>	
P.O., State and ZIP Code <i>Tulsa, OK 74103</i>	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark of Date <i>AUG 9 1993</i> <i>USPS</i>	

PS Form 3800, June 1991

Official Mail

Notice, Cert. of Serv.

4

Memo

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

David R. Ladd
c/o John Dowdell
2900 Mid-Continent
Tulsa, OK 74103
Tower

5. Signature (Addressee)

6. Signature (Agent)

PS Form 3811, December 1991 ☆U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address

2. ☐ Restricted Delivery

Consult postmaster for fee.

4a. Article Number

P 245 304 260

4b. Service Type

☐ Registered ☐ Insured

☒ Certified ☐ COD

☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery

8-10-93

8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

Mr. John Dowdell
Attorney at Law
2900 Mid-Continent
Tulsa, OK 74103
Tower

5. Signature (Addressee)

6. Signature (Agent)

PS Form 3811, December 1991 ☆U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

I also wish to receive the following services (for an extra fee):

1. ☒ Addressee's Address

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☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery

8-10-93

8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF OKLAHOMA

FILED

AUG 16 1993

OCT 1 1993

Richard M. Lawrence, Clerk
U. S. DISTRICT COURT
NORTHERN DISTRICT OF OKLAHOMA

Richard M. Lawrence, Court Clerk
U.S. DISTRICT COURT

UNITED STATES OF AMERICA
Plaintiff

VS

DAVID R. LADD

Defendant

Case Number: 89-CR-083-005-E

John Dowdell
Attorney for Defendant

OKLAHOMA

33 AUG 17 49:24

RECEIVED
CLERK'S OFFICE
U.S. DISTRICT COURT
NORTHERN DISTRICT OF OKLAHOMA

ORDER REVOKING PROBATION AND SENTENCE

Heretofore on the 15th day of May, 1990, the defendant was sentenced to a five year term of Probation after pleading guilty to Conspiracy to Manufacture and Distribute Methamphetamine, Title 21, U.S.C., Section 846, and 841(a)(1). This was a downward departure from the guideline range of 97 to 121 months, based on a motion by the Government recommending a downward departure based on the defendant's substantial cooperation with the Government, pursuant to Section 5K1.1 of the U. S. Sentencing Guidelines.

This matter came on for a Show Cause Hearing on Probation Revocation on July 26, 1993, at which time the defense stipulated to the evidence presented by Senior U. S. Probation Officer, Robert E. Boston, which included approximately 23 laboratory reports

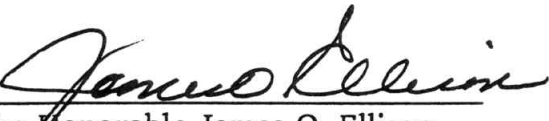
United States District Court
Northern District of Oklahoma
I hereby certify that this document
is a true copy of the original on file
in this Court.

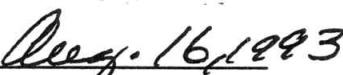
Richard M. Lawrence, Clerk
By B. M. Callaghan
Deputy

that urine specimens submitted by the defendant were positive for use of Marijuana.

The matter was set for disposition on August 16, 1993, at which time the Court found the defendant in violation of the conditions of probation by Possession of Controlled Substance as evidence by the positive laboratory reports.

It is the Order of the Court that Probation is revoked and the defendant is committed to the custody of the Bureau of Prisons for a term of four (4) months. This sentence is a downward departure from the revocation guideline range, as determined by the Court to be twenty months, based on the original motion by the Government that the defendant be sentenced to a term below the established guideline range. It is the recommendation of the Court that the defendant be designated to a facility capable of dealing with his medical problems and his history of substance abuse.


The Honorable James O. Ellison
Chief U. S. District Judge


Date

Reviewed and Approved:


Jack Morgan, Assistant U. S. Attorney

Defendant delivered on 9-20-93 to FCI Morgantown, WV.

Dennis R. Bidwell, Warden
By: C. Johnston, C.E.

1:10 - 1:20

MINUTE SHEET - SENTENCING

CASE NO. 89-CR-83-05 ✓

DATE 8-16-93

USA v.

David Royce Ladd

JUDGE Ellison

DEPUTY Smith

REPORTER G. Strough

RECORDER _____

Counsel for Plaintiff:

Jack Morgan

Counsel for Defendant:

John Dowdell

Ret./Appt./FPD

Defendant appears in person with counsel.

Counsel waived.

Pltf & Deft reviewed PSI: ___ Objections; ___ No objections; ___ Ct adopts

18:3553 Findings re: PSI/Sentence made; ___ Findings re: Plea made;

Sentence re Guidelines; w/in same; Departure; Upward/Downward, Findings made.

Defendant and counsel asked if they care to say anything before sentence is pronounced, and no cause to the contrary being shown:

(BOP/PROB/Supv Rel./Fine/SMA/Restitution/Conditions.)

SENTENCE:

BOP 4 mos. @ instit w/ medical treatment & substance abuse program; Probation is revoked. Court orders that I have all medical support which is required at Tulsa County Jail.

C

Costs

Ct(s)

Dismissed in open Court.

Defendant advised of right to appeal;

Defendant gives oral notice of appeal.

Bond exonerated. ___ Appeal bond set:

Findings made.

Defendant self surrender to designated institution:

Findings made.

U.S. Marshal to advise of designated institution.

Remanded to custody of U.S. Marshal.

ADDITIONAL MINUTES:

3:10 - 3:30

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF OKLAHOMA

GENERAL MINUTE SHEET

USA

Plaintiff

David Wayne Ladd

Defendant

Case No. 89-CR-83-05-E

Type of Hrg. Hrg: Rev.
Probation cont'd

Date 7-30-93

Judge Ellison

Clerk C Smith

Reporter G Dorrough

Plaintiff Attorneys Jack Morgan

Defendant Attorneys John Dowdell

MIN: Court sets aside finding of possession
hrg cont'd to August 16, 1993, 1:00 P.M.

Pls to be prepared to address issue of possession.
Court ~~increases~~ sets Bond to \$25,000.00 Pers.
unsecured.

(Handwritten mark)

10:35-11:05

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF OKLAHOMA

GENERAL MINUTE SHEET

USA

Plaintiff

David Royce Ladd

Defendant

Case No. 89-CR-83-05

Type of Hrg. Hrg./Rev. Probation

Date 7-26-93

Judge **Ellison** ✓

Clerk **C Smith** ✓

Reporter **G Dorrough** ✓

Plaintiff Attorneys Jack Morgan

Defendant Attorneys John Dowdell

MIN: Probation ofc. requests revocation; A co. argues
in favor of substance abuse program. Probation ofc.
to research for institution to intensively treat A.
Court to reconvene on 7-30-93, 3:00. Probation to have
report as to treatment within Bureau of Prisons as
well

[Handwritten signature]

6231001371

CJA 24
(Rev. 11/88) **AUTHORIZATION AND VOUCHER FOR PAYMENT OF TRANSCRIPT**

VOUCHER NO.

1. JURISDICTION 1 ☐ MAGISTRATE 2 ☒ DISTRICT 2. MAG. DOCKET NO.
3 ☐ APPEALS 4 ☐ OTHER
3. DISTRICT DOCKETING NO. 89-CR-083-05-E ✓ 4. APPEALS DOCKET NO. 5. FOR (DISTRICT/CIRCUIT) N.D. of Oklahoma

PAID BY #48946
ACCTG. CLASS. NOS.
RM LAWRENCE, CLK
OKND 4662
DATE PAID JUL 22 1993

6. IN THE CASE OF
United States vs. David Royse Ladd

7. PERSON REPRESENTED David Royse Ladd 8. LOCATION/ORGANIZATION CODE OKNT2

9. PROCEEDINGS IN WHICH TRANSCRIPT IS TO BE USED (DESCRIBE BRIEFLY)
Probation Revocation Hearing to be held July 26, 1993

10. PROCEEDINGS TO BE TRANSCRIBED (DESCRIBE SPECIFICALLY)
NOTE: Trial transcripts are not to include prosecution opening statement, defense opening statement, prosecution argument, defense argument, prosecution rebuttal, voir dire or jury instructions, unless specifically authorized by the Court (see Box 13C).
Probation Revocation Hearing held June 16, 1992.

11. ATTORNEY'S STATEMENT
As the attorney for the person represented who is named above, I hereby affirm that the transcript requested is necessary for adequate representation. I therefore request authorization to obtain the transcript services at the expense of the United States pursuant to the Criminal Justice Act.

12. COURT ORDER
Financial inability of the person represented having been established to the Court's satisfaction, the authorization requested in Item 11 is hereby granted.

SIGNATURE OF ATTORNEY DATE 7/16/93

ATTORNEY'S TELEPHONE NO. 918 583-7571

1 ☐ FPD 2 ☐ CDO 3 ☒ PANEL ATTORNEY
4 ☐ RETAINED ATTORNEY 5 ☐ PRO SE

SIGNATURE OF JUDGE OR MAGISTRATE

DATE 7/19/93

13. SPECIAL AUTHORIZATIONS

A. Apportion % of transcript with

B. ☒ Expedited ☐ Daily ☐ Hourly Transcript

C. ☐ Prosecution Opening Statement ☐ Prosecution Argument ☐ Prosecution Rebuttal
☐ Defense Opening Statement ☐ Defense Argument ☐ Voir Dire ☐ Jury Instructions

D. ☐ In this multi-defendant case, commercial duplication of transcripts will impede the delivery of accelerated transcript services to persons proceeding under the Criminal Justice Act.

14. JUDGE'S INITIALS

14. A.

14. B.

14. C.

14. D.

CLAIM FOR SERVICES

15. COURT REPORTER/TRANSCRIBER STATUS
☒ Official ☐ Contract ☐ Transcriber ☐ Other

18. PAYEE'S ADDRESS (INCLUDE CITY, STATE AND ZIP CODE)
333 W. 4th St., Room 453
Tulsa, Ok 74103

16. FULL NAME OF PAYEE
Glen R. Dorrough

17. SOCIAL SECURITY OR EMPLOYER ID. NO. OF PAYEE
461-64-4704

19. TELEPHONE NO.
AREA CODE () NUMBER

20. TRANSCRIPT	INCLUDE PG. NOS.	NO. OF PAGES	RATE PER PAGE	SUB-TOTAL	DED. AMT. APPORTIONED	TOTAL
A. Original	1-42	42	\$ 3.00	\$ 126.00	\$	\$ 126.00
B. Copy			\$	\$	\$	\$

C. Expenses (Itemize):

BFY	FUND	BUDG ORG	COST ORG	BOC	AMOUNT
K93	092340	RESCJAF	D100KNH	2532	126.00

21. CLAIMANT'S CERTIFICATION
I hereby certify that the above claim is correct and that I have not claimed or received payment from any other source for the services rendered and claimed on this voucher.

22. CERTIFICATION OF ATTORNEY OR CLERK
I hereby certify that the transcript was received.

23. TOTAL CLAIMED
\$ 126.00

CLAIMANT'S CERTIFICATION

DATE

SIGNATURE OF ATTORNEY/CLERK OF COURT

DATE

24. APPROVED
FOR PAYMENT

SIGNATURE OF PRESIDING JUDICIAL OFFICER

DATE

25. AMT. APPROVED
\$ 126.00

**UNITED STATES PROBATION OFFICE
MEMORANDUM**

DATE: May 25, 1993

REPLY TO ATTN OF: Robert E. Boston
Senior U. S. Probation Officer
P.O. Box 1287
Tulsa, Oklahoma 74101-1287

SUBJECT: David R. Ladd
Case No. 89-CR-83-05

TO: The Honorable Jeffrey Wolfe
U.S. Magistrate Judge

Your Honor:

Mr. Ladd is to appear June 11, 1993, before The Honorable James Ellison for a Probation Revocation Hearing. This appearance comes by way of a Summons. Mr. Ladd resides in Akron, Ohio and has made arrangements to report to this probation officer on June, 1, 1993. He is indigent and has requested appointment of counsel.

Attached is a Financial Affidavit signed by the defendant. It is respectfully requested that Your Honor appoint counsel to represent Mr. Ladd.

Respectfully submitted,

A handwritten signature in black ink that reads "Robert E. Boston". The signature is written in a cursive, flowing style.

Robert E. Boston
Senior U. S. Probation Officer

United States District Court

Northern DISTRICT OF Oklahoma

MAY 20 1993

UNITED STATES OF AMERICA
V.

SUMMONS IN A CRIMINAL CASE

David Royse Ladd
1714 Maple Ave. N. E.
Canton OH 44705

CASE NUMBER:

89-1R-083-005-E

(Name and Address of Defendant)

YOU ARE HEREBY SUMMONED to appear before the United States District Court at the place, date and time set forth below.

Place U. S. Court House and Post Office 333 W. 4th St. Tulsa Oklahoma	Room Court Room #1 Date and Time June 11, 1993, 2:30 P.M.
Before: Honorable James O. Ellison, Chief U. S. District Judge	

To answer a(n)

☐ Indictment ☐ Information ☐ Complaint ☐ Violation Notice ☒ Probation Violation Petition

Charging you with a violation of Title 18 United States Code, Section(s) 3565(a)(2)

Brief description of offense: See attached Petition

Bennett M. Cullough
Signature of Issuing Officer

Deputy Clerk
Name and Title of Issuing Officer

Date

5/5/93

RECEIVED
U.S. DISTRICT COURT
NORTHERN DISTRICT OF OHIO
AKRON
MAY 13 1993
10 PM 2:21
11:07 AM
615

RETURN OF SERVICE

Service was made by me on: ¹

Date

May 14, 1993

Check one box below to indicate appropriate method of service

- ☐ Served personally upon the defendant at: _____
- ☒ Left summons at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein and mailed a copy of the summons to the defendant's last known address. Name of person with whom the summons was left: JACKIE LADD - wife of DAVID LADD
31 yrs of AGE SSN# 282-58-8034 AT 1714 MAPLE AVE CANTON, OHIO 44705

☐ Returned unexecuted: _____

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service is true and correct.

Returned on May 14, 1993

Date

Albert Z. Moore
Name of United States MarshalRichard E. Bonfigli
(by) Deputy United States Marshal

Remarks:

1) As to who may serve a summons see Rule 4 of the Federal Rules of Criminal Procedure.

United States District Court

Northern DISTRICT OF Oklahoma

UNITED STATES OF AMERICA
V.

SUMMONS IN A CRIMINAL CASE

David Royse Ladd
1714 Maple Ave. N. E.
Canton OH 44705

CASE NUMBER: 89-CR-083-005-E

(Name and Address of Defendant)

YOU ARE HEREBY SUMMONED to appear before the United States District Court at the place, date and time set forth below.

Place U. S. Court House and Post Office 333 W. 4th St. Tulsa Oklahoma	Room Court Room #1 Date and Time June 11, 1993, 2:30 P.M.
--	--

Before: Honorable James O. Ellison, Chief U. S. District Judge

To answer a(n)

☐ Indictment ☐ Information ☐ Complaint ☐ Violation Notice ☒ Probation Violation Petition

Charging you with a violation of Title 18 United States Code, Section(s) 3565(a)(2)

Brief description of offense: See attached Petition

Bernie M. Callough
Signature of Issuing Officer

5/5/93
Date

Deputy Clerk
Name and Title of Issuing Officer

AUTHORIZATION AND VOUCHER FOR EXPERT AND OTHER SERVICES

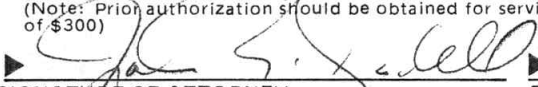
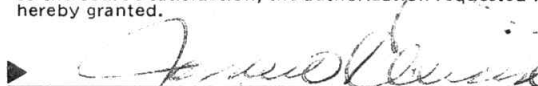
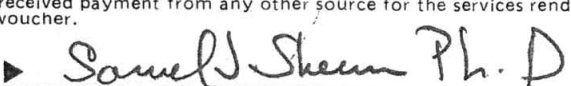

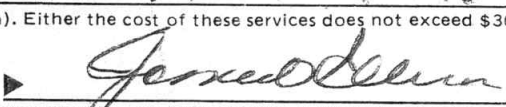
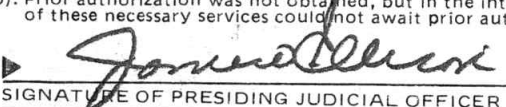

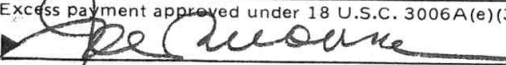
1. JURISDICTION 1 <input type="checkbox"/> MAGISTRATE 2 <input type="checkbox"/> DISTRICT 3 <input type="checkbox"/> APPEALS 4 <input type="checkbox"/> OTHER		2. MAG. DOCKET NO.		VOUCHER NO. 0121153	
3. DISTRICT DOCKET NO. 89-CR-83-(05)-E		4. APPEALS DOCKET NO.		5. FOR (DISTRICT/CIRCUIT) N.D. Oklahoma	
6. LOC. CODE OKNTU		7. CASE CODE PR			
7A. CHARGE/OFFENSE (U.S. or other code citation) Probation violation			8. IN THE CASE OF United States vs. David Royse Ladd		
9. PERSON REPRESENTED (FULL NAME) David Royse Ladd			11. PROCEEDINGS FOR WHICH SERVICES ARE REQUESTED (DESCRIBE BRIEFLY) Hearing - Revocation of Parole		
10. PERSON REPRESENTED (STATUS) 1 <input type="checkbox"/> DEFENDANT - ADULT 3 <input type="checkbox"/> APPELLANT 5 <input checked="" type="checkbox"/> OTHER 2 <input type="checkbox"/> DEFENDANT - JUVENILE 4 <input type="checkbox"/> APPELLEE			FILED SEP 9 - 1992 U.S. DISTRICT COURT NORTHERN DISTRICT OF OKLAHOMA		
12. TYPE OF SERVICES REQUESTED 1 <input type="checkbox"/> INVESTIGATOR 5 <input type="checkbox"/> POLYGRAPH 9 <input type="checkbox"/> CALR 2 <input type="checkbox"/> INTERPRETER 6 <input type="checkbox"/> DOCUMENTS 10 <input type="checkbox"/> CHEMIST 3 <input checked="" type="checkbox"/> PSYCHOLOGIST 7 <input type="checkbox"/> FINGERPRINT 12 <input type="checkbox"/> OTHER 4 <input type="checkbox"/> PSYCHIATRIST 8 <input type="checkbox"/> ACCOUNTANT					
13. SERVICES TO BE PROVIDED BY (Name, organization, address, telephone area code, telephone number) Samuel J. Sherman, Ph.D. CHILDREN'S MEDICAL CENTER 5300 East Skelly Drive Tulsa, OK 74135 (918) 628-6321					
14. DESCRIPTION OF AND JUSTIFICATION FOR SERVICES. Use additional sheets if necessary. (If requesting psychiatrist or psychologist see instructions for item 14.) See attached Exhibit A					
15. ATTORNEY'S STATEMENT As the attorney for the person represented who is named above, I hereby affirm that the services requested are necessary for adequate representation. I hereby request <input checked="" type="checkbox"/> Authorization to obtain the service or <input type="checkbox"/> Approval of services already obtained to be paid for by the United States pursuant to the Criminal Justice Act. (Note: Prior authorization should be obtained for services in excess of \$300) <div style="display: flex; justify-content: space-between;"> <div>  SIGNATURE OF ATTORNEY TELEPHONE NO. (918) 583-7571 </div> <div> 5/7/92 DATE </div> </div>			16. ESTIMATED COMPENSATION (Describe basis, i.e. hourly or daily rate or fixed fee) \$ 900.00 (\$95.00/hourly rate)		
17. COURT ORDER Financial eligibility of the person represented having been established to the court's satisfaction, the authorization requested in item 15 is hereby granted. <div style="display: flex; justify-content: space-between;"> <div>  SIGNATURE OF PRESIDING JUDICIAL OFFICER </div> <div> 5/8/92 DATE </div> </div>					
CLAIM FOR SERVICE					
18. ITEMIZATION OF SERVICES RENDERED AND EXPENSES INCURRED (Include dates and duration of services and basis of compensation claimed. Attach receipts for expenses incurred. Use additional sheets if necessary.) See attached Exhibit "B"				A. TOTAL COMPENSATION \$ 1,290.00	
				B. TOTAL EXPENSES \$ -0-	
				C. TOTAL AMOUNT CLAIMED \$ 1,290.00	
19. CLAIMANT'S CERTIFICATION FOR PERIOD 5-12-92 TO 6-17-92 F <input checked="" type="checkbox"/> FINAL PAYMENT I <input type="checkbox"/> INTERIM PAYMENT NO. I hereby certify that the above claim is correct and that I have NOT claimed or received payment from any other source for the services rendered and claimed on this voucher. <div style="display: flex; justify-content: space-between;"> <div>  SIGNATURE OF CLAIMANT </div> <div> 7/27/92 DATE </div> </div>			20. CERTIFICATION OF ATTORNEY I hereby certify that these services were rendered. <div style="display: flex; justify-content: space-between;"> <div>  ATTORNEY'S SIGNATURE </div> <div> 7/17/92 DATE </div> </div>		
APPROVED FOR PAYMENT					
21(a). Either the cost of these services does not exceed \$300, or prior authorization was obtained. <div style="display: flex; justify-content: space-between;"> <div>  SIGNATURE OF PRESIDING JUDICIAL OFFICER </div> <div> 7/15/92 DATE </div> <div> 8511 \$1,290.00 JUDGE/MAG. CODE </div> </div>				22. AMOUNT APPROVED/CERT. A. COMPENSATION \$ B. EXPENSES \$ C. TOTAL AMOUNT APPROVED/CERTIFIED \$ 1290.00	
21(b). Prior authorization was not obtained, but in the interest of justice the court finds that timely procurement of these necessary services could not await prior authorization, even though the cost exceeds \$300. <div style="display: flex; justify-content: space-between;"> <div>  SIGNATURE OF PRESIDING JUDICIAL OFFICER </div> <div> 8/10/92 DATE </div> <div> 8511 JUDGE/MAG. CODE </div> </div>					
21(c). Services procured in accordance with Federal public defender general budget authority. <div style="display: flex; justify-content: space-between;"> <div>  SIGNATURE OF FEDERAL PUBLIC DEFENDER </div> <div> DATE </div> </div>					
23. Excess payment approved under 18 U.S.C. 3006A(e)(3) <div style="display: flex; justify-content: space-between;"> <div>  SIGNATURE OF CHIEF JUDGE, CT. OF APPEALS (OR DELEGATE) </div> <div> 8-4-92 DATE </div> </div>				24. TOTAL APPROVED \$1,290.00	
25. NAME OF PAYEE Samuel J. Sherman, Ph.D.		26. PAYEE'S ADDRESS (Include city, state & zip code) 3742 E. 59th Place, Tulsa, OK 74135			
27. PAYEE'S SOC. SEC. NO. OR EMPLOYER ID NO. SS# 158-36-0728		28. ATTORNEY'S NAME AND ADDRESS (Include city, state, & zip code) John E. Dowdell, Esq., NORMAN & WOHLGEMUTH, 2900 Mid-Continent Tower, Tulsa, OK 74103			

EXHIBIT A


A psychological evaluation will be conducted by Dr. Sherman. A focus of Dr. Sherman's evaluation will be to determine whether Mr. Ladd is addicted, in any way, to the use of marijuana. A series of written tests will be administered, among other things. Dr. Sherman has extensive experience in this field. These services are believed justified by the defense because the Probation Department is seeking to revoke his parole because of the defendant's use of marijuana -- in violation of the terms of his parole. The defense would like to explore the degree of control which Mr. Ladd may (or may not) have over his parole violations, and means which may exist to help the defendant, if appropriate.

SAMUEL J. SHERMAN, PH.D.
Clinical Psychologist
3742 E. 59th Pl.
Tulsa, OK 74135

June 17, 1992

In initially estimating the costs of providing the Psychological Evaluation of David Ladd, I was of the belief that Mr. Ladd's case would be relatively clearcut. At my first meeting with Mr. Ladd, I became aware of his previous hospitalization and treatment for substance abuse. The time spent in reviewing these additional records, re-interviewing Mr. Ladd following my receipt of the records, integrating these findings and discussing these with Mr. Dowdell resulted in a portion of the increase over my original estimate.

The second portion of the increase was due to Mr. Boston's request for a written report concerning my findings to aid the Probation Department in Mr. Ladd's transition to Freedom House.



Samuel J. Sherman, Ph.D.
Clinical Psychologist

SAMUEL J. SHERMAN, PH.D.
Clinical Psychologist
3742 E. 59th Pl.
Tulsa, OK 74135

June 17, 1992

INVOICE

RE: LADD, David
Evaluation

FOR PROFESSIONAL SERVICES RENDERED:

May 12, 1992	Clinical Interview (\$95.00/hour)	1 1/2 hrs.	\$ 142.50
	Review of Prior Proceedings	1 hr.	95.00
	Psychological Testing		
	(Minnesota Multiphasic Personality Inventory-2)		75.00
	(Millon Clinical Multiaxial Inventory-II)		75.00
June 3, 1992	Review of Records of Prior Treatment	1 hr.	95.00
June 4, 1992	Court Preparation	2 hrs.	190.00
	Clinical Interview	1 hr.	95.00
June 16, 1992	Court Preparation and Testimony	4 hrs.	380.00
June 17, 1992	Transition Services and Report	1 1/2 hrs.	142.50
	TOTAL		<u>\$1,290.00</u>

UNITED STATES COURT OF APPEALS

TENTH CIRCUIT

UNITED STATES COURTHOUSE

DENVER, COLORADO 80294

JOHN P. MOORE
CIRCUIT JUDGE

August 4, 1992

Honorable James O. Ellison, Chief Judge
United States District Court
Northern District of Oklahoma
Room 4-500 U. S. Courthouse
Tulsa, OK 74103

RE: No. 89-CR-83-05-E - David Royse Ladd
CJA Voucher No. 0121153

Dear Judge Ellison:

I am returning the above voucher with my approval in the amount of \$1,290.00, in accordance with the recommendation set forth in your letter of July 30, 1992.

After you have completed Items 22.A., B. and C., the voucher can then be processed for payment.

Very truly yours,



John P. Moore

JPM:gmz
Encl.

James O. Ellison
Chief Judge

United States District Court
Northern District of Oklahoma
333 West Fourth, Room 4-472
Federal Building
Tulsa, Oklahoma 74103

(918) 581-7981
(FCS) 736-7981

July 30, 1992

Honorable John P. Moore
United States Circuit Judge
Attention: Gloria Zimmerman
C-438 U.S. Courthouse
Denver, Colorado 80294

Re: Case No. 89-CR-83-05-E - USA V. DAVID ROYSE LADD
CJA Voucher No. 0121153

Dear Judge Moore:

Enclosed is CJA Voucher No. 0121153 representing charges for the services of Dr. Samuel J. Sherman in the captioned matter.

I request approval of the captioned voucher because the analysis and opinion of Dr. Sherman was of great assistance to the Court in arriving at an appropriate action in Mr. Ladd's case. I certify to you that the charges are reasonable and necessary to the defense of the case.

Very truly yours,



James O. Ellison, Chief Judge
United States District Court

JOE:bjh

Enclosure

APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL

1. JURISDICTION 1 <input type="checkbox"/> MAG. 2 <input checked="" type="checkbox"/> DIST. 3 <input type="checkbox"/> APPEALS 4 <input type="checkbox"/> OTHER		2. MAG. DOCKET NO.		3. DIST. CT. KEY NO. 89-CR-83-(05)-E		VOUCHER NO. 0610704	
4. APPEALS DOCKET NO.		5. FOR (DISTRICT/CIRCUIT) N.D. OKLAHOMA		6. LOC. CODE OKNTU		7. CHARGE/OFFENSE (U.S. or other code citation)	
8. IN THE CASE OF United States vs Ladd				9. PERSON REPRESENTED (FULL NAME) David Royce Ladd			9A. NO. 1 REPRESENT.
10. PERSON REPRESENTED (STATUS) 1 <input type="checkbox"/> DEFENDANT-ADULT 3 <input type="checkbox"/> APPELLANT 5 <input checked="" type="checkbox"/> OTHER 2 <input type="checkbox"/> DEFENDANT-JUVENILE 4 <input type="checkbox"/> APPELLEE				11. PROCEEDINGS (Describe briefly) - ALL PROCEEDINGS - Probation Revocation			
12. PAYMENT CATEGORY A <input type="checkbox"/> FELONY C <input type="checkbox"/> PETTY OFFENSE E <input checked="" type="checkbox"/> OTHER B <input type="checkbox"/> MISDEMEANOR D <input type="checkbox"/> APPEAL probation violation				14. FULL NAME OF ATTORNEY/PAYEE (First Name, M.I., Last Name, Including Suffix) AND MAILING ADDRESS John Dowdell 2900 Mid-Continent Tower, 401 S. Boston Tulsa, OK 74103			
13. COURT ORDER O <input checked="" type="checkbox"/> Appointing Counsel F <input type="checkbox"/> Subs. for FD C <input type="checkbox"/> Co-Counsel R <input type="checkbox"/> Subs. for Retained Atty. P <input type="checkbox"/> Subs. for Panel Atty. Appt. Date 3/30/92 Voucher No. 0610704 Name of prior panel attorney Because the above-named "person represented" has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in item 14 is appointed to represent this person in this case.				15. WORK PHONE 918/583-7571 16A. Does the attorney have the preexisting agreement (see instructions) with a corporation, including a professional corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
16B. SOCIAL SECURITY NO. (Only provide per instructions)				16C. EMPLOYER I.D. NO. (Only provide per instructions) 73-0946980			
16D. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions) NORMAN & WOHLGEMUTH 2900 Mid-Continent Tower Tulsa, OK 74103							
Sig. of Presiding Judicial Officer or By Order of Court (Clerk/Deputy) <i>James D. Ladd</i> 8-9-91 Date of Order March 30, 1992 Nunc Pro Tunc Date <i>7/15/92</i>							

CLAIM FOR SERVICES OR EXPENSES

SERVICE		HOURS	DATES		
IN COURT	a. Arraignment and/or Plea		SEP 9 1992	Multiply rate per hour times total hours to obtain "In Court" compensation. Richard M. Lawrence, Clerk U.S. DISTRICT COURT NORTHERN DISTRICT OF OKLAHOMA	
	b. Bail and Detention Hearings				
	c. Motions Hearings				
	d. Trial				
	e. Sentence Hearings				
	f. Revocation Hearings	1.5	6/16/92		
	g. Appeals Court				
	h. Other (Specify on additional sheets)				
(Rate per hour = \$60) TOTAL HOURS =		1.5		\$ 90.00	
OUT OF COURT	a. Interviews and conferences	14.90	8/9/91 - 6/16/92	Multiply rate per hour times total hours. Enter total "out of court" compensation below. 18A. TOTAL OUT OF COURT COMP. \$ 1,716.00	
	b. Obtaining and reviewing records	2.40	" "		
	c. Legal research and brief writing	16.1	" "		
	d. Travel time (Specify on additional sheets)				
	e. Investigative and other work (Specify on additional sheets)	9.50	" "		
(Rate per hour = \$40) TOTAL HOURS =		42.90			
EXPENSES	19. TRAVEL, LODGING, MEALS ETC.	AMOUNT	OTHER EXPENSES	AMOUNT	19A. TOTAL TRAVEL EXP.
			Copying	\$ 18.55	\$
			Toll Calls	5.44	\$
			Other	33.16	\$ 57.15
					20. GRAND TOTAL CLAIMED
					\$ 1,863.15

21. CERTIFICATION OF ATTORNEY/PAYEE FOR PERIOD 8/9/91 TO 6/16/92

F ☒ Final Payment I ☐ Interim Payment No. Has compensation and/or reimbursement for work in this case previously been applied for? ☐ YES ☒ NO
 If yes, were you paid? ☒ YES ☐ NO If yes, by whom were you paid? CJA How much? \$2336.44 Has the person represented paid any money to you, or to your knowledge to anyone else, in connection with the matter for which you were appointed to provide representation? ☐ YES ☒ NO
 If yes, give details on additional sheets.

I swear or affirm the truth or correctness of the above statements
 SIGNATURE OF ATTORNEY/PAYEE *John Dowdell* DATE 6-18-92

APPROVED FOR PAYMENT	22. IN COURT COMP. \$ 90.00	23. OUT OF COURT COMP. \$ 1,716	24. TRAVEL EXPENSE \$	25. OTHER EXPENSES \$ 57.15	26. TOTAL AMT. APPROVED/CERT. \$ 1,863.15
	27. SIGNATURE OF PRESIDING JUDICIAL OFFICER <i>James D. Ladd</i>		DATE July 15/1992		27A. JUDGE/CLERK CODE 8511
	28. SIGNATURE OF CHIEF JUDGE/CT. OF APPEALS (OR DELEGATE) <i>David Royce Ladd</i>		DATE 7-27-92		29. TOTAL AMT. APPROVED \$ 1,863.15

NORMAN & WOHLGEMUTH

ATTORNEYS AT LAW

2900 MID-CONTINENT TOWER

TULSA, OKLAHOMA 74103

CHARLES E. NORMAN
JOEL L. WOHLGEMUTH
R. JAY CHANDLER
JOHN E. DOWDELL
THOMAS M. LADNER
WESLEY G. CASEY
WILLIAM W. O'CONNOR

(918) 583-7571
TELECOPIER
(918) 584-7846

June 29, 1992

The Honorable James O. Ellison
Chief Judge
4-500 Federal Courthouse
333 West Fourth Street
Tulsa, Oklahoma 74103

Re: United States of America v. David Royse Ladd, United
States District Court for the Northern District of
Oklahoma, No. 89-CR-83-(05)-E

Dear Judge Ellison:

The Federal Public Defender has requested that I provide you with a letter explaining why the services rendered pursuant to my appointment on behalf of David Royse Ladd have exceeded the \$3,500.00 fee limit set forth in § 3006A(d)(2) of the Criminal Justice Act.

I have twice applied to be reimbursed for fees and expenses in this case. In connection with my appointment to represent Mr. Ladd following his indictment, I had applied for \$2,268.00 in fees. That compensation was for all services rendered on Mr. Ladd's behalf through his sentencing hearing. I have separately applied for recovery of \$1,786.00 in fees for services rendered in connection with the United States Probation Department's petition to revoke Mr. Ladd's probation.

As the Court is aware, the revocation proceedings involved the analysis of extensive medical records relating to David Ladd's psychiatric and physical condition. This analysis included the engagement of Dr. Samuel J. Sherman, Ph.D., a clinical psychologist, who examined Mr. Ladd extensively and ultimately testified on his behalf at the revocation of probation hearing. As Dr. Sherman's testimony revealed, David Ladd's personal situation is quite complex, and his substance abuse problems are extreme. In order to accurately communicate the defendant's position to the Court, it required that I devote significant time

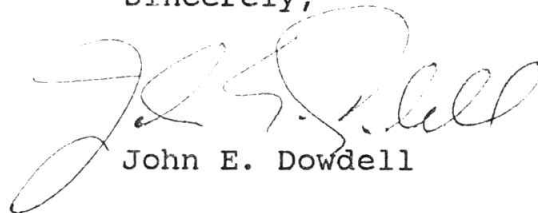
Honorable James O. Ellison
June 29, 1992
Page 2

to meeting with Dr. Sherman and David Ladd. This time was required in order to develop the facts of the alleged probation violations, the history of David Ladd's substance abuse, and in order to prepare Dr. Sherman for his testimony.

I have always enjoyed the opportunity to serve, under the Criminal Justice Act, those financially unable to retain counsel. I have also attempted to ensure that the fees applied for are reasonable. I believe that the fees sought in the fee application relating to the revocation of probation proceedings are reasonable under the unique circumstances of this matter.

Please let me know if there is any further information which I can provide the Court in connection with this matter.

Sincerely,

A handwritten signature in dark ink, appearing to read "J. E. Dowdell", is written over the typed name. The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

John E. Dowdell

JED:sw

[illegible]

EXHIBIT "A"

OUT OF COURT TIME: A. Interviews and Conferences

<u>1991</u>	<u>TIME</u>	<u>1992</u>	<u>TIME</u>
08/09/91	.20	04/07/92	.30
		04/09/92	.70
		04/10/92	.30
		04/14/92	.60
		05/01/92	.70
		05/05/92	1.20
		05/06/92	.40
		05/11/92	.10
		05/13/92	.20
		05/19/92	.10
		05/20/92	.20
		06/01/92	.20
		06/02/92	.50
		06/04/92	4.00
		06/05/92	1.00
		06/09/92	.30
		06/15/92	.50
		06/16/92	3.40
			<hr/>
			14.70

EXHIBIT "B"

OUT OF COURT TIME: B. Obtaining and Reviewing Records

<u>1991</u>	<u>TIME</u>	<u>1992</u>	<u>TIME</u>
08/09/91	.80	04/14/92	.40
	<hr/>	05/01/92	.30
	.80	05/11/92	.20
		05/20/92	.30
		06/01/92	.40
			<hr/>
			1.60

EXHIBIT "C"

OUT OF COURT TIME: C. Legal Research and Brief Writing

<u>1992</u>	<u>TIME</u>
04/07/92	.70
04/09/92	.90
04/10/92	.40
05/05/92	.60
05/06/92	.80
05/21/92	1.20
05/27/92	2.50
06/01/92	.60
06/02/92	1.50
06/03/92	1.80
06/04/92	1.00
06/09/92	1.10
06/13/92	1.00
06/15/92	2.00

16.1

EXHIBIT "D"

OUT OF COURT TIME: D. Investigative and Other Work

<u>1992</u>	<u>TIME</u>
04/10/92	.10
04/21/92	.30
05/05/92	1.40
05/06/92	.80
05/07/92	.70
05/11/92	.20
05/13/92	.30
05/19/92	.40
05/20/92	1.00
05/21/92	.60
05/28/92	.30
06/04/92	1.00
06/05/92	1.00
06/09/92	.40
06/13/92	.50
06/16/92	.50

9.50

[illegible]

EXHIBIT "E"

IN COURT TIME:

F. Revocation Hearings

<u>1992</u>	<u>TIME</u>
06/16/92	1.50
	<hr/>
	1.50

Voucher Numbers

[illegible]

NORMAN & WOHLGEMUTH

ATTORNEYS AT LAW

2900 MID-CONTINENT TOWER

TULSA, OKLAHOMA 74103

TELEPHONE
918-583-7571
FACSIMILE
918-584-7846

TAXPAYER ID NO.
73-0946980

June 18, 1992

Billed through 06/18/92

Statement No. 605-00001-007 JED

David Royse Ladd
1714 Maple Avenue N.E.
Canton, Ohio 44705

RE: U.S.A. v. David Royse Ladd, U.S. District Court for
the Northern District of Oklahoma, No. 89-CR-083-005-E

For Professional Services Rendered

08/09/91 JED	Received, reviewed revisions of probation papers; telephone conference DRL	1.00
04/07/92 JED	Draft application to reschedule hearing on revocation of probation and related order; telephone conference U. S. Probation Dept.; telephone conference federal public defender re appointment	1.00
04/09/92 JED	Telephone conferences S. Kallenberger and Dave O'Meilia re petition and rescheduling hearing; revisions to draft application to reschedule and related order -- filed; telephone conference D. Ladd; correspondence; telephone conference Ladd	1.60
04/10/92 JED	Revised and filed application to strike setting on revocation of probation and related order; telephone conference Judge Ellison's clerk (Beverly) re same	.80
04/14/92 JED	Order rescheduling hearing on petition to revoke probation; telephone conference Ladd re same and facts	1.00
04/21/92 JED	Correspondence S. Kallenberger, Jack Morgan and David Ladd	.30
05/01/92 JED	Reviewed Ladd correspondence; telephone conference Ladd; telephone conferences psychologist re interviewing Ladd	1.00
05/05/92 JED	Telephone conferences Dr. S. Sherman re meeting with Ladd and overall situation; correspondence Dr. Sherman re same and provided documents; correspondence D. Ladd; draft application to reschedule revocation of probation hearing; telephone conference court reporter re need for sentencing hearing transcript and follow-up re completion of transcript order form; telephone	

EXHIBIT F

NORMAN & WOHLGEMUTH

ATTORNEYS AT LAW

2900 MID-CONTINENT TOWER

TULSA, OKLAHOMA 74103

TELEPHONE
918-583-7571
FACSIMILE
918-584-7846

TAXPAYER ID NO.
73-0946980

David Royse Ladd
Statement No. 605-001-007 JED

PAGE 2

	conference U.S. Attorney re objection to moving hearing	3.20
05/06/92 JED	Telephone conferences Jack Morgan and Scott Kallenberger re conflict and psychologist issues; correspondence D. Ladd and Dr. Sherman; order from court rescheduling hearing and revised application to reschedule in view of same; draft papers for authorization to engage Dr. Sherman	2.00
05/07/92 JED	Forward papers to Dr. Sherman; telephone conference Jack Morgan; filed rescheduling papers; correspondence David Ladd	.70
05/11/92 JED	Forwarded papers to DRL and telephone conference Dr. Sherman; received order from court rescheduling hearing on revocation	.50
05/13/92 JED	Conference DRL re psychological evaluation; draft letter to Ohio institution where he received counseling -- subject: release of records related to same	.50
05/19/92 JED	Correspondence Donofrio alcohol rehabilitation and psychological centers in Ohio for DRL's records; correspondence Sam Sherman re same; telephone conference Ladd	.50
05/20/92 JED	Telephone conference court reporter; correspondence Dr. Sherman and David Ladd; work on hearing notebook	1.50
05/21/92 JED	Complete preparation of hearing notebook; research re revocation of probation statutes and standards applicable to same	1.80
05/27/92 JED	Research - grounds for revoking probation	2.50
05/28/92 JED	Follow-up re Ohio hospitals' records of DRL	.30
06/01/92 JED	Telephone conferences DRL and Ohio hospital representatives re records; telephone conference Dr. Sherman; research re revocation of probation standards and preparation of hearing notebook; received, reviewed correspondence from S. Kallenberger and related documentation	1.20
06/02/92 JED	Telephone conference Dr. Sherman re hearing on revocation; telephone conference Ladd; research re standards and details of proof in preparation for hearing on revocation of probation	2.00
06/03/92 JED	Research re positive urinalysis amounting to "possession" under the guidelines	1.80
06/04/92 JED	Extensive meetings with DRL and Dr. S. J.	

NORMAN & WOHLGEMUTH

ATTORNEYS AT LAW

2900 MID-CONTINENT TOWER

TULSA, OKLAHOMA 74103

TELEPHONE
918-583-7571
FACSIMILE
918-584-7846

TAXPAYER ID NO.
73-0946980

David Royse Ladd
Statement No. 605-001-007 JED

PAGE 3

	Sherman; preparation of Sherman deposition and details re same; research re standards and interpretation of "possession" and the revocation portion of the sentencing guidelines	6.00
06/05/92 JED	Telephone conferences court clerk re rescheduling hearing; telephone conferences Dr. Sherman and S. Kallenberger re same; conference DRL; prepare for hearing	2.00
06/09/92 JED	Order from court rescheduling hearing and correspondence re same with DRL and Dr. Sherman; telephone conference DRL; work on memorandum of law to be submitted to court	1.80
06/13/92 JED	Work on memorandum of law for filing; work on argument outline	1.50
06/15/92 JED	Prepared memorandum of law for court -- revised same and filed; telephone conference Dr. Sherman re hearing; telephone conference AUSA re same	2.50
06/16/92 JED	Meetings with DRL and Dr. Sherman; final preparation for hearing; court for hearing on petition to revoke probation; meeting with probation department; correspondence Dr. Sherman; details re transition of DRL to Freedom House	5.40

Disbursements:

Taxi/cash advance for taxi from our office to bus station	15.00
Miscellaneous Expense/copies of medical records of David Ladd from Glenbeigh Hospital of Cleveland	10.00
Facsimile Expense	10.11
Courier Service	8.05
Photocopies	8.55
Long Distance Telephone	5.44
 TOTAL DISBURSEMENTS	 ----- \$ 57.15

NORMAN & WOHLGEMUTH

OUR REF. NO.	YOUR INVOICE NO.	INVOICE DATE	INVOICE AMOUNT	AMOUNT PAID	DISCOUNT TAKEN	NET CHECK AMOUNT
1025	D LADD	06/02/92	10.00		10.00	0.00

Check total 10.00

NORMAN & WOHLGEMUTH
ATTORNEYS AT LAW
2900 MID-CONTINENT TOWER 583-7571
TULSA, OK 74103

WESTSTAR BANK
TULSA, OK 74146
86-268-1039

CHECK NO.
005044

CHECK DATE
06/17/92

VENDOR NO.
40H

504

TEN AND 00/100 DOLLARS*****

CHECK AMOUNT
*****10.00

PAY
TO THE
ORDER
OF

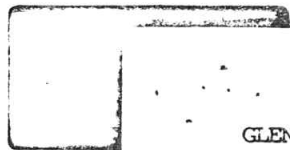
Glenbeigh Hospital
18120 Puritas Road
Cleveland, Ohio 44135

NORMAN & WOHLGEMUTH

Barbara Ennis

⑈005044⑈ ⑆103902681⑆

5000534⑈



GLENBEIGH HOSPITAL OF CLEVELAND
18120 PURITAS ROAD
CLEVELAND, OHIO 44135

Date: 6/2/92 Statement #: MR
Patient's Name: LADD, DAVID
Chart Number: 104151
Your Number: _____
Billed to: NORMAN & WOHLGEMUTH

Charges for photocopies of medical records;

Outstanding: _____

Pre-paid: _____

Balance due: \$ 10.00

Please pay this amount.

PLEASE RETURN ONE COPY WITH PAYMENT

*pk 6-11-92
25004*

VENDOR:

OUR REF. NO.	YOUR INVOICE NO.	INVOICE DATE	INVOICE AMOUNT	AMOUNT PAID	DISCOUNT TAKEN	NET CHECK AMOUNT
2106	FAX/LADD	06/02/92		9.54	9.54	.00

Check total

9.54

NORMAN & WOHLGEMUTH
ATTORNEYS AT LAW
2900 MID-CONTINENT TOWER 583-7571
TULSA, OK 74103

WESTSTAR BANK
TULSA, OK 74148
86-268-1039

504

CHECK NO. 005045 CHECK DATE 06/17/92 VENDOR NO.

NINE AND 54/100 DOLLARS*****

CHECK AMOUNT *****9.54

PAY
TO THE
ORDER
OF

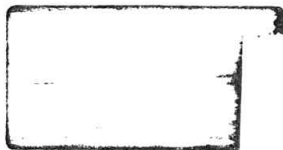
Advantage Printing, Inc.
2172 Locust St., S.E.
Canal Fulton, Ohio 44614

NORMAN & WOHLGEMUTH

Barbara Ennis

⑈005045⑈ ⑆103902681⑆

5000534⑈



FAX
ADVANTAGE PRINTING, INC.
2172 LOCUST ST. S.E.
CANAL FULTON, OHIO 44614
13-57 005

ADVANTAGE PRINTING, INC.
2172 Locust St. S.E.
Candl Fulton, Ohio 44614
(216) 854-6612

APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL

1. JURISDICTION 1 <input type="checkbox"/> MAG. 2 <input checked="" type="checkbox"/> DIST. 3 <input type="checkbox"/> APPEALS 4 <input type="checkbox"/> OTHER		2. MAG. DOCKET NO.	3. DIST. CT. L. DOCKET NO. 89-CR-83-(05)-E	VOUCHER NO. 0610704
4. APPEALS DOCKET NO.		5. FOR (DISTRICT/CIRCUIT) N.D. OKLAHOMA	6. LOC. CODE OKNTU	7. CHARGE/OFFENSE (U.S. or other code citation)
8. IN THE CASE OF United States vs Ladd		9. PERSON REPRESENTED (FULL NAME) David Royce Ladd		7A. CASE CODE PR
10. PERSON REPRESENTED (STATUS) 1 <input type="checkbox"/> DEFENDANT-ADULT 3 <input type="checkbox"/> APPELLANT 5 <input checked="" type="checkbox"/> OTHER 2 <input type="checkbox"/> DEFENDANT-JUVENILE 4 <input type="checkbox"/> APPELLEE		11. PROCEEDINGS (Describe briefly) - ALL PROCEEDINGS - Probation Revocation		
12. PAYMENT CATEGORY A <input type="checkbox"/> FELONY C <input type="checkbox"/> PETTY OFFENSE E <input checked="" type="checkbox"/> OTHER B <input type="checkbox"/> MISDEMEANOR D <input type="checkbox"/> APPEAL probation violation		14. FULL NAME OF ATTORNEY/PAYEE (First Name, M.I., Last Name, Including Suffix) AND MAILING ADDRESS John Dowdell 2300 Mid-Continent Tower Tulsa, OK 74103		
13. COURT ORDER O <input checked="" type="checkbox"/> Appointing Counsel F <input type="checkbox"/> Subs. for FD C <input type="checkbox"/> Co-Counsel R <input type="checkbox"/> Subs. for Retained Atty. P <input type="checkbox"/> Subs. for Panel Atty. Name of prior panel attorney Appt. Date 3/30/92 Voucher No. 0610704		15. WORK PHONE 918/583-7571		
Because the above-named "person represented" has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in item 14 is appointed to represent this person in this case. <i>James Dowdell</i> Sig. of Presiding Judicial Officer or By Order of Court (Clerk/Deputy) 8-9-91 March 30, 1992 Date of Order Nunc Pro Tunc Date		16A. Does the attorney have the preexisting agreement (see Instructions) with a corporation, including a professional corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
		16B. SOCIAL SECURITY NO. (Only provide per instructions) 73-0946980		
		16D. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions) NORMAN & WOHLGEMUTH 2900 Mid-Continent Tower Tulsa, OK 74103		

CLAIM FOR SERVICES OR EXPENSES

SERVICE		HOURS	DATES	Multiply rate per hour times total hours to obtain "In Court" compensation.	
IN COURT	17. a. Arraignment and/or Plea			Enter total below: 17A. TOTAL IN COURT COMP. \$ 90.00	
	b. Bail and Detention Hearings				
	c. Motions Hearings				
	d. Trial				
	e. Sentence Hearings				
	f. Revocation Hearings	1.5	6/16/92		
	g. Appeals Court				
	h. Other (Specify on additional sheets)				
(Rate per hour = \$60) TOTAL HOURS = 1.5					
OUT OF COURT	18. a. Interviews and conferences	14.90	8/9/91 - 6/16/92	Multiply rate per hour times total hours. Enter total "out of court" compensation below. 18A. TOTAL OUT OF COURT COMP. \$ 1,716.00	
	b. Obtaining and reviewing records	2.40	" "		
	c. Legal research and brief writing	16.1	" "		
	d. Travel time (Specify on additional sheets)				
	e. Investigative and other work (Specify on additional sheets)	9.50	" "		
(Rate per hour = \$40) TOTAL HOURS = 42.90					
EXPENSES	19. TRAVEL, LODGING, MEALS ETC.	AMOUNT	OTHER EXPENSES	AMOUNT	19A. TOTAL TRAVEL EXP.
			Copying	\$ 18.55	\$
			Toll Calls	5.44	19B. TOTAL OTHER EXP.
			Other	33.16	\$ 57.15
					20. GRAND TOTAL CLAIMED
				\$ 1,863.15	

21. CERTIFICATION OF ATTORNEY/PAYEE FOR PERIOD **8/9/91** TO **6/16/92**

F ☐ Final Payment I ☐ Interim Payment No. _____ Has compensation and/or reimbursement for work in this case previously been applied for? ☒ YES ☐ NO
 If yes, were you paid? ☒ YES ☐ NO If yes, by whom were you paid? **CJA** How much? **\$2336.44** Has the person represented paid any money to you, or to your knowledge to anyone else, in connection with the matter for which you were appointed to provide representation? ☐ YES ☒ NO
 If yes, give details on additional sheets.

I swear or affirm the truth or correctness of the above statements

SIGNATURE OF ATTORNEY/PAYEE

DATE

APPROVED FOR PAYMENT	22. IN COURT COMP. \$	23. OUT OF COURT COMP. \$	24. TRAVEL EXPENSE \$	25. OTHER EXPENSES \$	26. TOTAL AMT. APPROVED/CERT. \$
	27. SIGNATURE OF PRESIDING JUDICIAL OFFICER				27A. JUDGE/MAG. CODE 8511
	28. SIGNATURE OF CHIEF JUDGE, CT. OF APPEALS (OR DELEGATE)				29. TOTAL AMT. APPROVED 1,863.15

APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL

1. JURISDICTION 1 <input type="checkbox"/> MAG. 2 <input checked="" type="checkbox"/> DIST. 3 <input type="checkbox"/> APPEALS 4 <input type="checkbox"/> OTHER		2. MAG. DOCKET NO.		3. DIST. CT. DOCKET NO. 89-CR-83-(05)-E		VOUCHER NO. 0610704	
4. APPEALS DOCKET NO.		5. FOR (DISTRICT/CIRCUIT) N.D. OKLAHOMA		6. LOC. CODE OKNTU		7. CHARGE/OFFENSE (U.S. or other code citation)	
8. IN THE CASE OF United States vs Ladd		9. PERSON REPRESENTED (FULL NAME) David Royce Ladd				7A. CASE CODE PR	
10. PERSON REPRESENTED (STATUS) 1 <input type="checkbox"/> DEFENDANT-ADULT 3 <input type="checkbox"/> APPELLANT 5 <input checked="" type="checkbox"/> OTHER 2 <input type="checkbox"/> DEFENDANT-JUVENILE 4 <input type="checkbox"/> APPELLEE				11. PROCEEDINGS (Describe briefly) - ALL PROCEEDINGS - <i>Probation Revocation</i>			
12. PAYMENT CATEGORY A <input type="checkbox"/> FELONY C <input type="checkbox"/> PETTY OFFENSE E <input checked="" type="checkbox"/> OTHER B <input type="checkbox"/> MISDEMEANOR D <input type="checkbox"/> APPEAL probation violation				14. FULL NAME OF ATTORNEY/PAYEE (First Name, M.I., Last Name, Including Suffix) AND MAILING ADDRESS John Dowdell 2300 Mid-Continent Tower, 401 S. Boston Tulsa, OK 74103			
13. COURT ORDER O <input checked="" type="checkbox"/> Appointing Counsel F <input type="checkbox"/> Subs. for FD C <input type="checkbox"/> Co-Counsel R <input type="checkbox"/> Subs. for Retained Atty. P <input type="checkbox"/> Subs. for Panel Atty. Appt. Date 3/30/92 Voucher No. 0610704 Because the above-named "person represented" has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in item 14 is appointed to represent this person in this case. <i>James D. ...</i> Sig. of Presiding Judicial Officer or By Order of Court (Clerk/Deputy) 8-9-91 March 30, 1992 Date of Order <i>[Signature]</i> Nunc Pro Tunc Date				15. WORK PHONE 918/583-7571			
				16A. Does the attorney have the preexisting agreement (see instructions) with a corporation, including a professional corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
				16B. SOCIAL SECURITY NO. (Only provide per instructions)			
				16C. EMPLOYER I.D. NO. (Only provide per instructions) 73-0946980			
				16D. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions) NORMAN & WOHLGEMUTH 2900 Mid-Continent Tower Tulsa, OK 74103			

CLAIM FOR SERVICES OR EXPENSES

SERVICE		HOURS	DATES	Multiply rate per hour times total hours to obtain "In Court" compensation.	
IN COURT	17. a. Arraignment and/or Plea			Enter total below. 17A. TOTAL IN COURT COMP.	
	b. Bail and Detention Hearings				
	c. Motions Hearings				
	d. Trial				
	e. Sentence Hearings				
	f. Revocation Hearings	1.5	6/16/92		
	g. Appeals Court				
	h. Other (Specify on additional sheets)				
(Rate per hour = \$60) TOTAL HOURS = 1.5				\$ 90.00	
OUT OF COURT	18. a. Interviews and conferences	14.90	8/9/91 - 6/16/92	Multiply rate per hour times total hours to obtain total "out of court" compensation below. 18A. TOTAL OUT OF COURT COMP.	
	b. Obtaining and reviewing records	2.40	" "		
	c. Legal research and brief writing	16.1	" "		
	d. Travel time (Specify on additional sheets)				
	e. Investigative and other work (Specify on additional sheets)	9.50	" "		
	(Rate per hour = \$40) TOTAL HOURS = 42.90				\$-1,716.00
EXPENSES	19. TRAVEL, LODGING, MEALS ETC.	AMOUNT	OTHER EXPENSES	AMOUNT	19A. TOTAL TRAVEL EXP.
			Copying	\$ 18.55	\$
			Toll Calls	5.44	19B. TOTAL OTHER EXP.
			Other	33.16	\$ 57.15
					20. GRAND TOTAL CLAIMED
					1,863.15

21. CERTIFICATION OF ATTORNEY/PAYEE FOR PERIOD **8/9/91** TO **6/16/92**

F ☐ Final Payment I ☐ Interim Payment No. _____ Has compensation and/or reimbursement for work in this case previously been applied for? ☒ YES ☐ NO
 If yes, were you paid? ☒ YES ☐ NO If yes, by whom were you paid? **CJA** How much? **\$2336.44** Has the person represented paid any money to you, or to your knowledge to anyone else, in connection with the matter for which you were appointed to provide representation? ☐ YES ☒ NO
 If yes, give details on additional sheets. _____
 I swear or affirm the truth or correctness of the above statements

SIGNATURE OF ATTORNEY/PAYEE

DATE

APPROVED FOR PAYMENT	22. IN COURT COMP. \$	23. OUT OF COURT COMP. \$	24. TRAVEL EXPENSE \$	25. OTHER EXPENSES \$	26. TOTAL AMT. APPROVED/CERT. \$
	27. SIGNATURE OF PRESIDING JUDICIAL OFFICER			DATE	27A. JUDGE/MAG. CODE 8511
	28. SIGNATURE OF CHIEF JUDGE/CT. OF APPEALS (OR DELEGATE) <i>[Signature]</i>			DATE 7-27-92	29. TOTAL AMT. APPROVED \$1,863.15

FEDERAL PUBLIC DEFENDER

WESTERN, NORTHERN AND EASTERN DISTRICTS OF OKLAHOMA

SUSAN M. OTTO
ACTING FEDERAL PUBLIC DEFENDER

WESTERN DISTRICT ✓
215 DEAN A. MCGEE, SUITE 524
OKLAHOMA CITY, OKLAHOMA 73102
(405) 231-5725 FTS 736-5725

July 10, 1992

NORTHERN AND EASTERN DISTRICTS —
222 SOUTH HOUSTON, SUITE C
TULSA, OKLAHOMA 74127
(918) 581-7656 FTS 745-7656

Honorable James O. Ellison
United States District Judge
for the Northern District of Oklahoma
Attn: Ms. Rosanne Miller
411 United States Courthouse
333 West 4th Street
Tulsa, Oklahoma 74103

Re: United States of America v. David Royce Ladd
Case No. 89-CR-83-E
CJA Voucher No. 0010704

Dear Judge Ellison:

Mr. John Dowdell, attorney at law was appointed to represent David Royce Ladd in the above referenced cause.

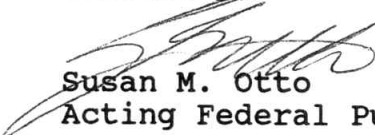
Mr. Dowdell informed me he has completed his services in the above matter and he has submitted his CJA 20 in order that I might review that form for its technical and mathematical accuracy.

The combined total of requested compensation is \$1,863.15, which exceeds the \$750 limitation (excluding expenses) provided by the Criminal Justice Act. As you know, an excess payment cannot be made unless the excess payment is first certified by the United States District Judge before whom representation was furnished and then approved by the Chief Judge of the United States Court of Appeals for the Tenth Circuit, or his designee. 18 USC §3006A(d)(3).

I am enclosing for your consideration Mr. Dowdell's completed CJA 20, along with his letter explaining the amount of time devoted to the representation of his client and the necessity for excess compensation under 18 U.S.C. §3006(A).

Mr. Dowdell is also submitting the CJA-21 voucher for the services of Dr. Sherman. As you are aware, this office does not review vouchers submitted by experts and rendering services pursuant the Criminal Justice Act. I am forwarding Dr. Sherman's voucher and Mr. Dowdell's explanation for your review and consideration.

Sincerely,


Susan M. Otto
Acting Federal Public Defender

SMO:rph
Enclosure: CJA 20 Voucher and supporting documents
cc: Mr. John Dowdell

James O. Ellison
Judge

United States District Court
Northern District of Oklahoma
333 West Fourth, Room 4-500
United States Courthouse
Tulsa, Oklahoma 74103

(918) 581-7981
(FCS) 736-7981

June 5, 1992 *H*

TO: COUNSEL/PARTIES OF RECORD
RE: CASE NO. 89-CR-83-05-E - UNITED STATES OF
AMERICA V. DAVID ROYSE LADD

This is to advise you that Judge James O. Ellison entered the following Minute Order this date in the above-styled case:

The Revocation of Probation hearing scheduled for June 5, 1992, at 1:00 p.m. is continued and hereby reset for the 16th day of June, 1992 at 1:00 o'clock P.m.

Very truly yours,

Barbara K. Bucholtz

Barbara K. Bucholtz
Law Clerk to
JUDGE JAMES O. ELLISON
UNITED STATES DISTRICT JUDGE

_____ Counsel Notified

✓
_____ Clerk to Notify

United States District Court
for the
Northern District of Oklahoma

U.S.A.

V.

NOTICE

CASE NUMBER: 89-CR-83-05-E

DAVID ROYSE LADD

TYPE OF CASE:

☐ CIVIL

☒ CRIMINAL

☐ TAKE NOTICE That a proceeding in this case has been set for the place, date, and time set forth below:

DATE AND TIME:

ROOM NUMBER:

PLACE:

U.S. Courthouse
333 W. 4th St.
Tulsa, OK 74103

TYPE OF PROCEEDING:

REVOCATION OF PROBATION HEARING

☒ TAKE NOTICE that the proceeding in this case has been continued as indicated below:

DATE AND TIME PREVIOUSLY SCHEDULED:

CONTINUED TO, DATE AND TIME:

PLACE:

5-13-92 @ 9:00AM
5-15-92 @ 10:00AM
U.S. Courthouse
333 W. 4th St.
Tulsa, OK 74103

DATE: 5-5-92

RICHARD M. LAWRENCE, COURT CLERK

(BY) DEPUTY CLERK

To: David Royse Ladd
John E. Dowdell
John S. Morgan
Probation Office

1:00-

IN THE UNITED STATES DISTRICT COURT FOR THE
NORTHERN DISTRICT OF OKLAHOMA

Minute Sheet - General

USA

Plaintiff(s),

vs.

David Royce Ladd

Defendant(s).

Case No. 89-CR-83-05-E ✓

Date 6/16/92

PROCEEDINGS Rev/Prob.

Zig

JUDGE COOK

DEPUTY R. MILLER

REPORTER SIMPSON

JUDGE ELLISON

DEPUTY MCCULLOUGH

REPORTER DORROUGH ✓

JUDGE BRETT

DEPUTY OVERTON

REPORTER CASLAVKA

JUDGE

DEPUTY

REPORTER

COUNSEL FOR: Plaintiff

J. Morgan ✓

Defendant

J. Dowdell ✓

MINUTES: Witnesses & arguments of counsel

Court orders Δ be placed in Freedom House
not to exceed 9 mos. Work only upon approval
of Prob. officer

Prises only on permission of Prob. Must complete
program. Can be discharged ^{prior} to end of 9 mo in approval of Prob &
It orders immediate placement. Remanded to USM.

Gout to prepare O

Witnesses: on bail

B

Cont. Witness

1. Scott Kallenberger - Prob. off.

Left. Witness

1. Samuel J. Sherman

6220801184

CJA 24
(Rev. 11/88)

AUTHORIZATION AND VOUCHER FOR PAYMENT OF TRANSCRIPT

VOUCHER NO.

1. JURISDICTION 1 ☐ MAGISTRATE 2 ☒ DISTRICT
3 ☐ APPEALS 4 ☐ OTHER

2. MAG. DOCKET NO.

3. DISTRICT DOCKETING NO.

89-CR-83-(05)-E ✓

4. APPEALS DOCKET NO.

5. FOR (DISTRICT/CIRCUIT)
N.D. Oklahoma

6. IN THE CASE OF

United States of America

VS. David Royse Ladd

7. PERSON REPRESENTED

David Royse Ladd

8. LOCATION/ORGANIZATION CODE

OKNTU

9. PROCEEDINGS IN WHICH TRANSCRIPT IS TO BE USED (DESCRIBE BRIEFLY)

Hearing - Revocation of Parole

10. PROCEEDINGS TO BE TRANSCRIBED (DESCRIBE SPECIFICALLY)

NOTE: Trial transcripts are not to include prosecution opening statement, defense opening statement, prosecution rebuttal, voir dire or jury instructions, unless specifically authorized by the Court (see Box 13C).

Sentencing Hearing - May 15, 1990

11. ATTORNEY'S STATEMENT

As the attorney for the person represented who is named above, I hereby affirm that the transcript requested is necessary for adequate representation. I therefore request authorization to obtain the transcript services at the expense of the United States pursuant to the Criminal Justice Act.

SIGNATURE OF ATTORNEY

DATE

5/7/92

ATTORNEY'S TELEPHONE NO. (918) 583-7571

1 ☐ FPD 2 ☐ CDO 3 ☒ PANEL ATTORNEY
4 ☐ RETAINED ATTORNEY 5 ☐ PRO SE

12. COURT ORDER

Financial inability of the person represented having been established to the Court's satisfaction, the authorization requested in Item 11 is hereby granted.

SIGNATURE OF JUDGE OR MAGISTRATE

DATE

13. SPECIAL AUTHORIZATIONS

A. Apportion % of transcript with

B. ☒ Expedited ☐ Daily ☐ Hourly TranscriptC. ☐ Prosecution Opening Statement ☐ Prosecution Argument ☐ Prosecution Rebuttal
☐ Defense Opening Statement ☐ Defense Argument ☐ Voir Dire ☐ Jury InstructionsD. ☐ In this multi-defendant case, commercial duplication of transcripts will impede the delivery of accelerated transcript services to persons proceeding under the Criminal Justice Act.

14. JUDGE'S INITIALS

14. A.

14. B.

14. C.

14. D.

CLAIM FOR SERVICES

15. COURT REPORTER/TRANSCRIBER STATUS

☐ Official ☒ Contract ☐ Transcriber ☐ Other

16. FULL NAME OF PAYEE

Mary Ann McGinty

17. SOCIAL SECURITY OR EMPLOYER ID. NO. OF PAYEE

445-55-8970

18. PAYEE'S ADDRESS (INCLUDE CITY, STATE AND ZIP CODE)

United States Courthouse
333 West Fourth Street
Tulsa, OK 74103

19. TELEPHONE NO.

AREA CODE (918) NUMBER 245-1161

20. TRANSCRIPT	INCLUDE PG. NOS.	NO. OF PAGES	RATE PER PAGE	SUB-TOTAL	DED. AMT. APPORTIONED	TOTAL
A. Original	1-13	13	\$ 3.00	\$ 39.00	\$	\$ 39.00
B. Copy			\$	\$	\$	\$

C. Expenses (Itemize):

21. CLAIMANT'S CERTIFICATION

I hereby certify that the above claim is correct and that I have not claimed or received payment from any other source for the services rendered and claimed on this voucher.

CLAIMANT'S CERTIFICATION

DATE

22. CERTIFICATION OF ATTORNEY OR CLERK

I hereby certify that the transcript was received.

SIGNATURE OF ATTORNEY/CLERK OF COURT

DATE

23. TOTAL CLAIMED

\$ 39.00

24. APPROVED
FOR PAYMENT

SIGNATURE OF PRESIDING JUDICIAL OFFICER

DATE

25. AMT. APPROVED

\$ 39.00

United States District Court

NORTHERN

DISTRICT OF

OKLAHOMA

92 MAR 13

APR 15

UNITED STATES OF AMERICA **JOHN CLEVELAND**
V.

SUMMONS IN A CRIMINAL CASE

DAVID ROYCE LADD

CASE NUMBER: 89-CR-83-15-

FILED

APR -2 1992

(Name and Address of Defendant)

Richard M. Lawrence, Clerk
U.S. DISTRICT COURT

YOU ARE HEREBY SUMMONED to appear before the United States District Court at the place, date and time set forth below.

Place	U. S. Courthouse 333 West 4th Street Tulsa, Oklahoma 74103	Room	Courtroom #2
Before:	The Honorable James O. Ellison	Date and Time	April 14, 1992, 1:00 pm

To answer a(n)

☐ Indictment ☐ Information ☐ Complaint ☐ Violation Notice ☒ Probation Violation Petition

Charging you with a violation of Title 18 United States Code, Section(s) 3561

Brief description of offense:

SEE ATTACHED PETITION

Richard M. Lawrence, Clerk

March 9, 1992

Signature of Issuing Officer

Richard Lawrence

Date

B. McCullough
Name and Title of Issuing Officer

Clerk of the Court

RETURN OF SERVICE

Service was made by me on: ^{Date} March 16, 1992

Check one box below to indicate appropriate method of service

- ☒ Served personally upon the defendant at: 1714 Maple Ave. N.E.
Canton, Ohio 44705
- ☐ Left summons at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein and mailed a copy of the summons to the defendant's last known address. Name of person with whom the summons was left: _____
- ☐ Returned unexecuted: _____

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service is true and correct.

Returned on March 25, 1992
Date

Name of United States Marshal

Walter A. Schuckenburg, USPO
(by) Deputy United States Marshal

Remarks:

1) As to who may serve a summons see Rule 4 of the Federal Rules of Criminal Procedure.

United States District Court

NORTHERN

DISTRICT OF

OKLAHOMA

UNITED STATES OF AMERICA
V.

SUMMONS IN A CRIMINAL CASE

DAVID ROYCE LADD

CASE NUMBER: 89-CR-83-05-E

(Name and Address of Defendant)

YOU ARE HEREBY SUMMONED to appear before the United States District Court at the place, date and time set forth below.

Place

U. S. Courthouse
333 West 4th Street
Tulsa, Oklahoma 74103

Room

Courtroom #2

Date and Time

Before: The Honorable James O. Ellison

April 14, 1992, 1:00 pm.

To answer a(n)

☐ Indictment☐ Information☐ Complaint☐ Violation Notice☒ Probation Violation PetitionCharging you with a violation of Title 18 United States Code, Section(s) 3561

Brief description of offense:

SEE ATTACHED PETITION

Signature of Issuing Officer

Richard Lawrence


Name and Title of Issuing Officer

Clerk of the Court

March 9, 1992

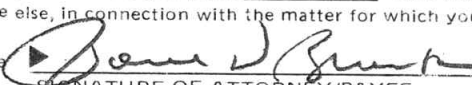
Date

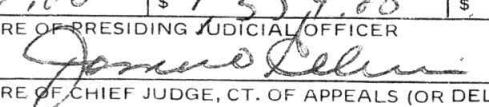
CJA 20 (Rev. 1/88) APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL

1. JURISDICTION 1 <input type="checkbox"/> MAG. 2 <input checked="" type="checkbox"/> DIST. 4 <input type="checkbox"/> OTHER		3. DIST. CT. <input checked="" type="checkbox"/> ET NO. 89-CR-3-E		VOUCHER NO. 0154825	
4. APPEALS DOCKET NO.		5. FOR (DISTRICT/CIRCUIT) ND OKLAHOMA		6. LOC. CODE OKNTU	
7. CHARGE/OFFENSE (U.S. or other code citation) 21:846		7A. CASE CODE 68		9A. NO. REPRES. 1	
8. IN THE CASE OF United States VS Loren Hall			9. PERSON REPRESENTED (FULL NAME) Loren Hall		
10. PERSON REPRESENTED (STATUS) 1 <input checked="" type="checkbox"/> DEFENDANT-ADULT 3 <input type="checkbox"/> APPELLANT 5 <input type="checkbox"/> OTHER 2 <input type="checkbox"/> DEFENDANT-JUVENILE 4 <input type="checkbox"/> APPELLEE			11. PROCEEDINGS (Describe briefly) ALL PROCEEDINGS		
12. PAYMENT CATEGORY A <input checked="" type="checkbox"/> FELONY C <input type="checkbox"/> PETTY OFFENSE E <input type="checkbox"/> OTHER B <input type="checkbox"/> MISDEMEANOR D <input type="checkbox"/> APPEAL					
13. COURT ORDER O <input checked="" type="checkbox"/> Appointing Counsel F <input type="checkbox"/> Subs. for FD P <input type="checkbox"/> Subs. for Panel Atty. C <input checked="" type="checkbox"/> Co-Counsel R <input type="checkbox"/> Subs. for Retained Atty. Because the above-named "person represented" has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in item 14 is appointed to represent this person in this case. <i>Jeffery J. W. U.S. Magistrate</i> Sig. of Presiding Judicial Officer or By Order of Court (Clerk/Deputy) April 17, 1990 Date of Order Nunc Pro Tunc Date					
14. NAME OF ATTORNEY/PAYEE AND MAILING ADDRESS Paul D. Brunton 1310 South Denver Tulsa, Oklahoma 74119			15. TELEPHONE NO. 918/582-1993		
			16. SOC. SEC. NO. 445-44-7637		

CLAIM FOR SERVICES OR EXPENSES

SERVICE		HOURS	DATES		
IN COURT	a. Arraignment and/or Plea	2.25		Multiply rate per hour times total hours to obtain "In Court" compensation. Enter total below.	
	b. Bail and Detention Hearings		8-26-91		
	c. Motions Hearings	.5			
	d. Trial				
	e. Sentence Hearings	.75			
	f. Revocation Hearings				
	g. Appeals Court				
	h. Other (Specify on additional sheets)				
(Rate per hour = \$60) TOTAL HOURS =		3.5		17A. TOTAL IN COURT COMP. \$ 210.00	
OUT OF COURT	a. Interviews and conferences	8.7		Multiply rate per hour times total hours. Enter total "out of court" compensation below.	
	b. Obtaining and reviewing records	10.2			
	c. Legal research and brief writing (motions, etc.)	19.95			
	d. Travel time (Specify on additional sheets)				
	e. Investigative and other work (Specify on additional sheets)				
(Rate per hour = \$40) TOTAL HOURS =		38.85		18A. TOTAL OUT OF COURT COMPENSATION \$ 1,554.00	
EXPENSES	19. TRAVEL, LODGING, MEALS ETC.	AMOUNT	OTHER EXPENSES	AMOUNT	19A. TOTAL TRAVEL EXP. \$ 19B. TOTAL OTHER EXP. \$ 60.00 20. GRAND TOTAL CLAIMED \$ 1,824.00
	Long Distance Phone Calls	15.00	a. Long Dist. Phone Calls	15.00	
	Copy Expenses	45.00	b. Copy Expenses	45.00	

21. CERTIFICATION OF ATTORNEY/PAYEE FOR PERIOD <u>4/18/90</u> TO <u>7/2/91</u>	
F <input checked="" type="checkbox"/> Final Payment I <input type="checkbox"/> Interim Payment No. _____	
Has compensation and/or reimbursement for work in this case previously been applied for? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, by whom were you paid? _____ How much? _____ Has the person represented paid any money to you, or to your knowledge to anyone else, in connection with the matter for which you were appointed to provide representations? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, give details on additional sheets.	
I swear or affirm the truth or correctness of the above statements	
 SIGNATURE OF ATTORNEY/PAYEE	
DATE _____	

APPROVED FOR PAYMENT	22. IN COURT COMP. \$ 210.00	23. OUT OF COURT COMP. \$ 1,554.00	24. TRAVEL EXPENSE \$	25. OTHER EXPENSES \$ 60	26. TOTAL AMT. APPROVED/CERT. \$ 1,824.00
	27. SIGNATURE OF PRESIDING JUDICIAL OFFICER 		DATE 7/30/91		27A. JUDGE/MAG. CODE 8511
	28. SIGNATURE OF CHIEF JUDGE, CT. OF APPEALS (OR DELEGATE)		DATE		29. TOTAL AMT. APPROVED \$

PDBrunk

Time and Charges

Date	Description	Time	Rate
	USA v. Hall		
4-18-80	Initial appt. A) Counsel for Hall & C from (FPI)	.1	✓✓
4-23	Initial court appearance	.75	✓ in court
5-24	Reviewed PIT motions to be filed	.75	✓✓
5-25	Conf w/ Cst @ jail	1.2	✓✓
5-20	Conf w/ Cst re: psych exam, etc	1.0	✓✓
5-31	Prep of motion & order for psych exam filed Janne (05) Hc w/ AUSA	.6	✓✓
	Re: motion (1)		
6-1	Reviewed Response by Gov	.5	✓✓
6-5 sup ²	re: A's PIT motions		
8-6	Rec'd FMC Rochester's forensic evaluation of A & Reviewed same	1.1	✓ (b)
9-15	Court appearance re: A's	.5	✓ in court
9-24 sup ²	comparing		
7-26	Rec'd correspondence from Bryson	.6	✓✓
10-24 sup ²	re: A's medical records		
10-30	Prep and solicitation & order for Gov to expedite delivery of	.7	✓✓
12-3 sup ²	A's medical records, filed same		
1-8-91	Conf w/ A's re: appointed psych	.4	✓✓
1-20 sup ²	re: A's competency		
1-22-91	prepared & filed motion of speedy trial	.6	✓✓
1-11-91	conf w/ client re: status & motion of speedy trial	1.0	✓✓
1-23	rec'd & reviewed correspondence from Bryson re: pending discussion	.1	✓✓
2-9	Rec'd & reviewed letter from Bryson to AUSA re: pending	.1	✓✓
1-23	Reviewed Guidelines, Coleman's by associate	.3	✓✓
1-27	Rec'd letter from BOP re: forum, medical records, finally	.1	✓✓✓
1-20	Rec'd copies evaluation from same	.5	✓✓✓

Time and Charges

Date 1981	Description	Time	Rate
2-6	cancel appear as		
2-9	rec'd plus symposium letter from Susa & reviewed same (.2)	.2	✓
1-20	Rec'd & reviewed DR Cooper report re: D's competency	.5	✓
2-9	Cont'd - prepared petition to plus form for a conf w/ clerk	1.5	✓
2-11	Δ 5 court appearance for plea	1.5	1 in court
4-8	Rec'd Δ 1's for P.S.R. reviewed same noted objections, conf w/ Assoc re: prep of objections to be filed	.8	✓
4-23	rec'd & reviewed P.S.R. schedule	.1	✓
7-7	prepared notice for substitution of counsel & filed same (7-2)	.3	✓
5-2	Rec'd letter from Bryson re: transfer 7 hrs	.1	✓
6-5	Letter to let Bryson Columbia re: scheduling of & order funding L.H. to Springfield for medical records -	.2	✓
8-4	Letter to clerk @ Rochester enclosed med release for his sig to get med records released	.2	✓
9-24	Letter to FMC Doctor re: L.H. current medical condition -		
10-24	Rec'd clerk's VA Records from Bryson reviewed same forwarded copy to DR Cooper	.7	✓
12-3	Rec'd letter from BOP re L.H.'s med records reviewed same	.1	✓

PB 0.45 hr 14.35 @ 40 = 574
w/lt. 2.75 @ 60 = 165

Advanced	Paid & Repaid
Fees	

PB out of court 14.35 x 40 = ~~574~~
 court 2.15 x 60 = 165
 total ~~574~~
 739.
 repairs 18.51
 copier 11.18
 make out of office 29.69

Time and Charges

WJA v. HALL Associate Bill Erickson

Date	Description	Time	Rate
5-4-90	motion for continuation		
5-15-90	Discovery : well	3 hrs	a
5-21-90	motions	2 hrs	c
5-22	award of Speedy Trial	15 min	c
5-30?	Paul to see Loran & put together motion for psych exam		
6-1	Byron Mills phone well	15 min	a
6-5	letter to Byron well	30 min	b
7-26	find correspondence from Byron re L.H.'s medical records		
8-6	letter to Loran Hall (FMC) well	1 hr	b
9-30-90			
9-15-90	Conf w/ Morgan, Elton	30 min	
9-25-90	Request FMC Med Record	30 min	(b)
9-30-90	appellate for Loran Hall & oral ? " " for cont & oral	2 hours	c
10-3	letter to Byron Mills	30 min	b
10-17-90	letter to Cooper	30 min	b
10-17-90	motion for continuation, Morgan OK	15 min	c
10-25-90	letter to Coopers w/ Records (VA)	15 min	b
11-1-90	copy		

Time and Charges

Date	Description	Time	Rate
11-14-90	Letter to BOR - FMC ^{Sentencing} ^{Judge Ellard} order regarding records	45 min	in court b
11-15-91	Research Compelling Circumstances	3 1/2 hrs	c
12-4-90	Letter to Cooper + Records (FMC)	15 min	b
12-10-90	" " " " (FMC)	15 min	b
1-3-91	Appl. for Continuance etc Morgan	15 min	c
1-23-91	Work up Sentencing Guide	3 hours	c
2-5-91	Conf by phone Morgan	15 min	a
2-6-91	" " " + milk	30 min	a
2-11-91	File PDB	1 1/2	
4-16-91	Deputin to PSR phone call w/ Byron	1 hr 25 min	c a
4-24	Appl for leniency file, delmeijer	1 hr	c
4-29	Appl for Cont	1 hr	c
7-2-91	Sentencing WEG COURT	45 min	1e
our y		WEG 24.5 hours	
Court		24.5	
B in E 24.5 @ 40 =		980	
75 @ 60 =		45	
		925	

FEDERAL PUBLIC DEFENDER

WESTERN, NORTHERN AND EASTERN DISTRICTS OF OKLAHOMA

DAVID BOOTH
FEDERAL PUBLIC DEFENDER

SUSAN OTTO
SUPERVISORY ASSISTANT
FEDERAL PUBLIC DEFENDER

WESTERN DISTRICT ☒
SUITE 524, 215 DEAN A. MCGEE
OKLAHOMA CITY, OKLAHOMA 73102
(405) 231-5725 FTS 736-5725

NORTHERN AND EASTERN DISTRICTS ☐
222 SOUTH HOUSTON, SUITE C
TULSA, OKLAHOMA 74127
(918) 581-7656 FTS 745-7656

July 25, 1991

Honorable James O. Ellison
United States District Judge
for the Northern District of Oklahoma
Attn: Ms. Rosanne Miller
411 United States Courthouse
333 West 4th Street
Tulsa, Oklahoma 74103

Re: United States of America vs. Hall, Loren
Case No. 89-CR-83-E
CJA Voucher No. 0154825

Dear Judge Ellison:

Mr. Paul D. Brunton, attorney at law, was appointed to represent Loren Hall in the above referenced cause.

Mr. Brunton informed me he has completed his service in this matter. He submitted his CJA-20 to me in order that I might review it for its technical and mathematical accuracy. I have reviewed the voucher and it appears to be in good order. Therefore, I am sending the voucher to you for your consideration.

Respectfully,


David Booth

DB:jtt

Enclosure: CJA-20 Voucher and supporting documents

cc: Mr. Paul D. Brunton

AUTHORIZATION AND VOUCHER FOR EXPERT AND OTHER SERVICES

1. JURISDICTION 1 <input type="checkbox"/> MAGISTRATE DISTRICT 3 <input type="checkbox"/> APPEALS 4 <input type="checkbox"/> OTHER		2. MAG. DOCKET NO.		VOUCHER NO. 9-121138	
3. DISTRICT DOCKET NO. 89-CR-83-E		4. APPEALS DOCKET NO.		5. FOR (DISTRICT/CIRCUIT) OKNTU	
6. LOC. CODE		7. CASE CODE 68			
7A. CHARGE/OFFENSE (U.S. or other code citation)			8. IN THE CASE OF U.S.A. vs. Loran E. Hall, Jr.		
9. PERSON REPRESENTED (FULL NAME) LORAN E. HALL, SR.			11. PROCEEDINGS FOR WHICH SERVICES ARE REQUESTED (DESCRIBE BRIEFLY) COMPETENCY TO STAND TRIAL		
10. PERSON REPRESENTED (STATUS) 1 <input checked="" type="checkbox"/> DEFENDANT - ADULT 3 <input type="checkbox"/> APPELLANT 5 <input type="checkbox"/> OTHER 2 <input type="checkbox"/> DEFENDANT - JUVENILE 4 <input type="checkbox"/> APPELLEE					
12. TYPE OF SERVICES REQUESTED 1 <input type="checkbox"/> INVESTIGATOR 5 <input type="checkbox"/> POLYGRAPH 9 <input type="checkbox"/> CALR 2 <input type="checkbox"/> INTERPRETER 6 <input type="checkbox"/> DOCUMENTS 10 <input type="checkbox"/> CHEMIST 3 <input checked="" type="checkbox"/> PSYCHOLOGIST 7 <input type="checkbox"/> FINGERPRINT 11 <input type="checkbox"/> BALLISTICS 4 <input type="checkbox"/> PSYCHIATRIST 8 <input type="checkbox"/> ACCOUNTANT 12 <input type="checkbox"/> OTHER			13. SERVICES TO BE PROVIDED BY (Name, organization, address, area code, telephone no.) WILLIAM L. COOPER, PH.D. 406 S. BOULDER, STE 210 TULSA, OK 74103		
14. DESCRIPTION OF AND JUSTIFICATION FOR SERVICES. Use additional sheets if necessary. (If requesting psychiatrist or psychologist see instructions for item 14.) CLINICAL EVALUATION TO DETERMINE CURRENT MENTAL STATUS					
15. ATTORNEY'S STATEMENT As the attorney for the person represented who is named above, I hereby affirm that the services requested are necessary for adequate representation. I hereby request <input type="checkbox"/> Authorization to obtain the service or <input checked="" type="checkbox"/> Approval of services already obtained to be paid for by the United States pursuant to the Criminal Justice Act. (Note) Prior authorization should be obtained for services in excess of \$300. Sam J. Smith SIGNATURE OF ATTORNEY TELEPHONE NO. 5821993 DATE 7-30-91 1 <input type="checkbox"/> FID 2 <input checked="" type="checkbox"/> PANEL ATTORNEY 3 <input type="checkbox"/> RETAINED ATTY. 4 <input type="checkbox"/> PRO-SE			16. ESTIMATED COMPENSATION (Describe basis, i.e. hourly or daily rate or fixed fee) 9 HOURS X \$75 PER HOUR = \$ 675.00		
			17. COURT ORDER Financial eligibility of the person represented having been established to the court's satisfaction, the authorization requested in item 15 is hereby granted. Samuel Smith SIGNATURE OF PRESIDING JUDICIAL OFFICER DATE 8/2/91		
CLAIM FOR SERVICE					
18. ITEMIZATION OF SERVICES RENDERED AND EXPENSES INCURRED (Include dates and duration of services and basis of compensation claimed. Attach receipts for expenses incurred. Use additional sheets if necessary.) 10-31-90 REVIEW MEDICAL RECORDS (1.0HR) 10-31-90 INTERVIEW DEFENDANT (1.0 HR) 12-7-90 INTERVIEW DEFENSE COUNSEL (.5 HR) 12-27-90 REVIEW ADDITIONAL MEDICAL RECORDS (1.5HRS) 12-28-90 INTERVIEW DEFENDANT (1.5HRS) 1-14-91 PREPARE WRITTEN EVALUATION (2.0HRS) 2-11-91 STAND BY TO TESTIFY (1.5 HRS) TOTAL = 9 HRS X \$75.00				A. TOTAL COMPENSATION \$ 675.00 B. TOTAL EXPENSES \$ C. TOTAL AMOUNT CLAIMED \$ 675.00	
19. CLAIMANT'S CERTIFICATION FOR PERIOD 10-31-90 TO 2-11-91 F <input checked="" type="checkbox"/> FINAL PAYMENT I <input type="checkbox"/> INTERIM PAYMENT NO. I hereby certify that the above claim is correct and that I have NOT claimed or received payment from any other source for the services rendered and claimed on this voucher. William L. Cooper, Ph.D. SIGNATURE OF CLAIMANT DATE 3/12/91				20. CERTIFICATION OF ATTORNEY I hereby certify that these services were rendered. Samuel Smith ATTORNEY'S SIGNATURE DATE 7-30-91	
APPROVED FOR PAYMENT					
21(a). Either the cost of these services does not exceed \$300, or prior authorization was obtained. Samuel Smith SIGNATURE OF PRESIDING JUDICIAL OFFICER DATE 8/2/91 JUDGE/MAG. CODE 8511				22. AMOUNT APPROVED/CERT. A. COMPENSATION \$ 675.00 B. EXPENSES \$ C. TOTAL AMOUNT APPROVED \$ 675.00	
21(b). Prior authorization was not obtained, but in the interest of justice the court finds that timely procurement of these necessary services could not await prior authorization, even though the cost exceeds \$300. Samuel Smith SIGNATURE OF PRESIDING JUDICIAL OFFICER DATE JUDGE/MAG. CODE					
21(c). Services procured in accordance with Federal public defender general budget authority. Samuel Smith SIGNATURE OF FEDERAL PUBLIC DEFENDER DATE					
23. Excess payment approved under 18 U.S.C. 3006A(e)(3) Samuel Smith SIGNATURE OF CHIEF JUDGE, CT. OF APPEALS (OR DELEGATE) DATE				24. TOTAL APPROVED \$	
25. NAME OF PAYEE WILLIAM L. COOPER, PH.D.		26. PAYEE'S ADDRESS (Include city, state & zip code) 406 S. BOULDER, SUITE 210, TULSA, OK 74103			
27. PAYEE'S SOC. SEC. NO. OR EMPLOYER ID NO. 444-42-9579		28. ATTORNEY'S NAME AND ADDRESS (Include city, state, & zip code)			

PAUL D. BRUNTON

Attorney at Law
1310 South Denver Avenue
Tulsa, Oklahoma 74119
(918) 582-1993
FAX (918) 582-1991

July 26, 1991

U. S. Court Clerk's Office
Attention: Helen Miller
U.S. Courthouse
333 West Fourth Street
Tulsa, Oklahoma 74103

RECEIVED

JUL 30 1991

PDB Office

RECEIVED

JUL 29 1991

JACK C. SILVER, CLERK
U.S. DISTRICT COURT

RECEIVED

AUG 1 1991

JACK C. SILVER, CLERK
U.S. DISTRICT COURT

Re: *U.S. v. Loran E. Hall, Sr.*
No. 89-CR-83-E

Dear Ms. Miller:

Please find enclosed the claim for services and expenses which was submitted to me by Dr. William L. Cooper.

Sincerely Yours,

Paul D. Brunton
Paul D. Brunton

PDB: se

Enclosure

Paul -

Please complete Sec. 15 and 20, then

return to me. Thanks -

Rosanne

7-29-91

R -

Thanks -

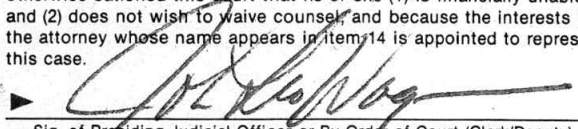
** Barbara -*

OB

Will need to be sent to Circuit - Prior authorization granted 10-5-90.

96-C-734-C

APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL

1. JURISDICTION 1 <input type="checkbox"/> MAG. 2 <input checked="" type="checkbox"/> DIST. 3 <input type="checkbox"/> APPEALS 4 <input type="checkbox"/> OTHER		2. MAG. DOCKET NO.		3. DIST. CT. D ET NO. 89-CR-83-E		VOUCHER NO. 0381886	
4. APPEALS DOCKET NO.		5. FOR (DISTRICT/CIRCUIT) N.D. Oklahoma		6. LOC. CODE OKNTU		7. CHARGE/OFFENSE (U.S. or other code citation)	
8. IN THE CASE OF United States vs Ladd				9. PERSON REPRESENTED (FULL NAME) David R. Ladd		9A. NO. REPRES. 1	
10. PERSON REPRESENTED (STATUS) 1 <input type="checkbox"/> DEFENDANT-ADULT 3 <input type="checkbox"/> APPELLANT 5 <input checked="" type="checkbox"/> OTHER 2 <input type="checkbox"/> DEFENDANT-JUVENILE 4 <input type="checkbox"/> APPELLEE Probationer				11. PROCEEDINGS (Describe briefly) FILED - ALL PROCEEDINGS - NOV 3 - 1993			
12. PAYMENT CATEGORY A <input type="checkbox"/> FELONY C <input type="checkbox"/> PETTY OFFENSE E <input checked="" type="checkbox"/> OTHER B <input type="checkbox"/> MISDEMEANOR D <input type="checkbox"/> APPEAL Probation Violation				13. COURT ORDER O <input checked="" type="checkbox"/> Appointing Counsel F <input type="checkbox"/> Subs. for FD C <input type="checkbox"/> Co-Counsel R <input type="checkbox"/> Subs. for Retained Atty. P <input type="checkbox"/> Subs. for Panel Atty. Name of prior panel attorney Appt. Date _____ Voucher No. _____			
Because the above-named "person represented" has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel and because the interests of justice so require, the attorney whose name appears in item 14 is appointed to represent this person in this case.  Sig. of Presiding Judicial Officer or By Order of Court (Clerk/Deputy) May 28, 1993 Date of Order _____ Nunc Pro Tunc Date _____				14. FULL NAME OF ATTORNEY/PAYEE (First Name, Last Name, Including Suffix) AND MAILING ADDRESS John Dowdell 2900 Mid-Continent Tower Tulsa, Oklahoma 74003			
				15. WORK PHONE 918/583-7571 16A. Does the attorney have the preexisting agreement (see instructions) with a corporation, including a professional corporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 16B. SOCIAL SECURITY NO. (Only provide per instructions) 16C. EMPLOYER I.D. NO. (Only provide per instructions) 73-0946980 16D. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions)			

CLAIM FOR SERVICES OR EXPENSES

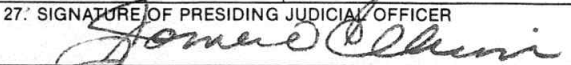

SERVICE		HOURS	DATES		
IN COURT	a. Arraignment and/or Plea			Multiply rate per hour times total hours to obtain "In Court" compensation. Enter total below. 17A. TOTAL IN COURT COMP. \$ 120.00	
	b. Bail and Detention Hearings				
	c. Motions Hearings				
	d. Trial				
	e. Sentence Hearings	.50	3/16/93		
	f. Revocation Hearings	1.50	7/26/93 and 8/30/93		
	g. Appeals Court				
	h. Other (Specify on additional sheets)				
(Rate per hour = \$60) TOTAL HOURS =		2.00			
OUT OF COURT	a. Interviews and conferences	23.75	6/1 - 3/16/93	Multiply rate per hour times total hours. Enter total "out of court" compensation below. 18A. TOTAL OUT OF COURT COMP. \$1,572.00	
	b. Obtaining and reviewing records	33.30	6/1 & 7/19/93		
	c. Legal research and brief writing	2.40	7/19, 7/30 & 8/6/93		
	d. Travel time (Specify on additional sheets)				
	e. Investigative and other work (Specify on additional sheets)	9.35	7/1 - 3/16/93		
	(Rate per hour = \$40) TOTAL HOURS =		39.30		
EXPENSES	19. TRAVEL, LODGING, MEALS ETC.	AMOUNT	OTHER EXPENSES	AMOUNT	19A. TOTAL TRAVEL EXP. \$ 19B. TOTAL OTHER EXP. \$ 118.76 20. GRAND TOTAL CLAIMED \$1,810.76
			Photocopies	69.45	
			Westlaw	49.31	

21. CERTIFICATION OF ATTORNEY/PAYEE FOR PERIOD June 1, 1993 TO August 16, 1993

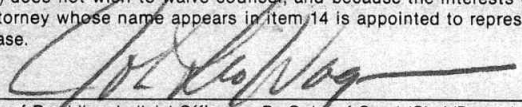
F ☐ Final Payment I ☐ Interim Payment No. _____ Has compensation and/or reimbursement for work in this case previously been applied for? ☐ YES ☒ NO
 If yes, were you paid? ☐ YES ☐ NO If yes, by whom where you paid? _____ How much? _____ Has the person represented paid any money to you, or to your knowledge to anyone else, in connection with the matter for which you were appointed to provide representation? ☐ YES ☐ NO
 If yes, give details on additional sheets. _____
 I swear or affirm the truth or correctness of the above statements

SIGNATURE OF ATTORNEY/PAYEE

DATE

APPROVED FOR PAYMENT	22. IN COURT COMP. \$ 120.00	23. OUT OF COURT COMP. \$ 1,572.00	24. TRAVEL EXPENSE \$	25. OTHER EXPENSES \$ 118.76	26. TOTAL AMT. APPROVED/CERT. \$ 1,810.76
	27. SIGNATURE OF PRESIDING JUDICIAL OFFICER 			DATE 9/20/93	27A. JUDGE/MAG. CODE 8511
	28. SIGNATURE OF CHIEF JUDGE, CT. OF APPEALS (OR DELEGATE) 			DATE 9/27/93	29. TOTAL AMT. APPROVED \$ 1,810.76

APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL

1. JURISDICTION 1 <input type="checkbox"/> MAG. 2 <input checked="" type="checkbox"/> DIST. 3 <input type="checkbox"/> APPEALS 4 <input type="checkbox"/> OTHER		2. MAG. DOCKET NO.		3. DIST. CT. DOCKET NO. 89thCR-83-E		VOUCHER NO. 0381886	
4. APPEALS DOCKET NO.		5. FOR (DISTRICT/CIRCUIT) N.D. Oklahoma		6. LOC. CODE OKNTU		7. CHARGE/OFFENSE (U.S. or other code citation)	
8. IN THE CASE OF United States vs Ladd				9. PERSON REPRESENTED (FULL NAME) David R. Ladd		9A. NO. 1 REPRES.	
10. PERSON REPRESENTED (STATUS) 1 <input type="checkbox"/> DEFENDANT-ADULT 3 <input type="checkbox"/> APPELLANT 5 <input checked="" type="checkbox"/> OTHER 2 <input type="checkbox"/> DEFENDANT-JUVENILE 4 <input type="checkbox"/> APPELLEE Probationer				11. PROCEEDINGS (Describe briefly) - ALL PROCEEDINGS -			
12. PAYMENT CATEGORY A <input type="checkbox"/> FELONY C <input type="checkbox"/> PETTY OFFENSE E <input checked="" type="checkbox"/> OTHER B <input type="checkbox"/> MISDEMEANOR D <input type="checkbox"/> APPEAL Probation Violation				13. COURT ORDER O <input checked="" type="checkbox"/> Appointing Counsel F <input type="checkbox"/> Subs. for FD C <input type="checkbox"/> Co-Counsel R <input type="checkbox"/> Subs. for Retained Atty. P <input type="checkbox"/> Subs. for Panel Atty. Name of prior panel attorney _____ Appt. Date _____ Voucher No. _____			
Because the above-named "person represented" has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in item 14 is appointed to represent this person in this case.  Sig. of Presiding Judicial Officer or By Order of Court (Clerk/Deputy) May 28, 1993 Date of Order _____ Nunc Pro Tunc Date _____				14. FULL NAME OF ATTORNEY/PAYEE (First Name, M.I., Last Name, Including Suffix) AND MAILING ADDRESS John Dowdell 2900 Mid-Continent Tower Tulsa, Oklahoma 74003			
				15. WORK PHONE 918/583-7571		16A. Does the attorney have the preexisting agreement (see Instructions) with a corporation, including a professional corporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				16B. SOCIAL SECURITY NO. (Only provide per instructions)		16C. EMPLOYER I.D. NO. (Only provide per instructions) 73-0946980	
				16D. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions)			

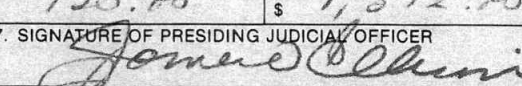
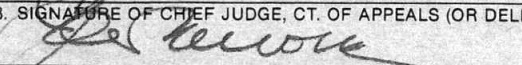
CLAIM FOR SERVICES OR EXPENSES

		SERVICE	HOURS	DATES		
IN COURT	17. a.	Arraignment and/or Plea			Multiply rate per hour times total hours to obtain "In Court" compensation.	
	b.	Ball and Detention Hearings				
	c.	Motions Hearings				
	d.	Trial				
	e.	Sentence Hearings	.50	8/16/93	17A. TOTAL IN COURT COMP.	
	f.	Revocation Hearings	1.50	7/26/93 and 8/30/93		
	g.	Appeals Court				
	h.	Other (Specify on additional sheets)				
		(Rate per hour = \$60) TOTAL HOURS =	2.00		\$ 120.00	
OUT OF COURT	18. a.	Interviews and conferences	23.75	6/1 - 8/16/93	Multiply rate per hour times total hours. Enter total "out of court" compensation below.	
	b.	Obtaining and reviewing records	33.30	6/1 & 7/19/93		
	c.	Legal research and brief writing	2.40	7/19, 7/30 & 8/6/93		
	d.	Travel time (Specify on additional sheets)				
	e.	Investigative and other work (Specify on additional sheets)	9.85	7/1 - 8/16/93	18A. TOTAL OUT OF COURT COMP.	
			(Rate per hour = \$40) TOTAL HOURS =	39.30		\$1,572.00
EXPENSES	19.	TRAVEL, LODGING, MEALS ETC.	AMOUNT	OTHER EXPENSES	AMOUNT	19A. TOTAL TRAVEL EXP.
				Photocopies	69.45	\$
				Westlaw	49.31	\$
						19B. TOTAL OTHER EXP.
						\$ 118.76
						20. GRAND TOTAL CLAIMED \$1,810.76

21. CERTIFICATION OF ATTORNEY/PAYEE FOR PERIOD June 1, 1993 TO August 16, 1993

F ☐ Final Payment I ☐ Interim Payment No. _____ Has compensation and/or reimbursement for work in this case previously been applied for? ☐ YES ☒ NO
 If yes, were you paid? ☐ YES ☐ NO If yes, by whom where you paid? _____ How much? _____ Has the person represented paid any money to you, or to your knowledge to anyone else, in connection with the matter for which you were appointed to provide representation? ☐ YES ☐ NO
 If yes, give details on additional sheets. _____

I swear or affirm the truth or correctness of the above statements

APPROVED FOR PAYMENT	22. IN COURT COMP. \$ 120.00	23. OUT OF COURT COMP. \$ 1,572.00	24. TRAVEL EXPENSE \$	25. OTHER EXPENSES \$ 118.76	26. TOTAL AMT. APPROVED/CERT. \$ 1,810.76
	27. SIGNATURE OF PRESIDING JUDICIAL OFFICER 			DATE 8/20/93	27A. JUDGE/MAG. CODE 8511
	28. SIGNATURE OF CHIEF JUDGE, CT. OF APPEALS (OR DELEGATE) 			DATE 9/27/93	29. TOTAL AMT. APPROVED \$ 1,810.76

Case Number: 39-CR-83-F
 Voucher Number: 0381886

Page 7 of 7

EXHIBIT "A"

OUT OF COURT TIME: A. Interviews and Conferences

<u>Date</u>	<u>Time</u>	<u>Description</u>
6/1/93	.50	Telephone conference with Morgan and Boston re alleged probation violations and hearing;
6/3/93	.20	Telephone conference with Dr. Sherman re other options for Ladd;
6/4/93	.40	Telephone conference with Dr. Sherman;
6/9/93	.20	Telephone conference with Dr. Sherman re prospects for Ladd commitment and financial issues relating to same;
6/14/93	.75	Telephone conference with Ladd re meeting; telephone conference with Dr. Sherman re prospects for commitment;
7/12/93	1.50	Telephone conference with Morgan and Boston re need to reschedule probation revocation hearing; telephone conference with Dr. Sherman re alternative treatment;
7/13/93	.20	Telephone conference with Judge Wagner re scheduling of hearing problems; follow-up with Ladd re same;
7/14/93	2.50	Telephone conference with Ladd, Dr. Sherman and Judge Wagner's chambers re hearing date; follow-up with H.O.W. Foundation re Ladd commitment; follow-up with Dr. Sherman re relapse therapy;
7/15/93	1.80	Telephone conference with Boston; telephone conference with Judge Wagner's chambers; telephone conference with D. Ladd re alternatives; telephone conference with H.O.W. Foundation; telephone conference with Dr. Sherman re treatment alternatives and work on same;
7/19/93	1.70	Telephone conferences with facilities re alternative treatment;
7/22/93	.40	Telephone conferences with Ladd re hearing and meetings with alternative treatment facilities;
7/23/93	1.50	Meeting with Ladd in preparation for probation revocation hearing;

EXHIBIT "A"

OUT OF COURT TIME: A. Interviews and Conferences

<u>Date</u>	<u>Time</u>	<u>Description</u>
7/24/93	.50	Conference with Ladd;
7/26/93	2.50	Telephone conferences with Stover at TACADA re drug and alcohol testing of Ladd and follow-up on same and referral to Ohio facility; telephone conference with Boston; telephone conference with Ladd re treatment issues;
7/27/93	.75	Telephone conference with Stover re details of his Affidavit;
7/29/93	.10	Telephone conference with Ladd;
7/30/93	2.80	Meeting with Ladd; telephone conference with Stover re in-patient treatment alternatives; conference with Boston re sentencing range and recommendation issues; meeting and follow-up with the Ladds;
8/6/93	1.50	Telephone conference with Boston; telephone conference with Ladd; telephone conference with Stover;
8/9/93	.50	Telephone conference with Boston's office re guideline recommendations;
8/11/93	.30	Telephone conference with Ladd re potential objections;
8/15/93	.50	Telephone conference with Ladd in preparation for sentencing;
8/16/93	2.65	Conference with Ladd in preparation for sentencing; conference with Boston re revisions to guidelines report and need for prescriptions and breathing device in prison; meeting with R. Fagala and Boston re medical issues.
	<u>23.75</u>	TOTAL HOURS

EXHIBIT "B"

OUT OF COURT TIME: B. Obtaining and Reviewing Records

<u>Date</u>	<u>Time</u>	<u>Description</u>
6/1/93	2.50	Obtained papers from Boston re alleged probation violations and began review of same;
7/19/93	.80	Review urinalysis records in preliminary preparation for hearing on revocation of probation.
	<u>3.30</u>	TOTAL

EXHIBIT "C"

OUT OF COURT TIME: C. Legal Research and Brief Writing

<u>Date</u>	<u>Time</u>	<u>Description</u>
7/19/93	1.0	Review of pertinent authorities in preliminary preparation for hearing on revocation of probation;
7/30/93	.40	Research re bond issues;
8/6/93	1.00	Guidelines analysis.
	<u>2.40</u>	TOTAL HOURS

EXHIBIT "D"

OUT OF COURT TIME: D. Investigative and Other Work

<u>Date</u>	<u>Time</u>	<u>Description</u>
6/1/93	.80	Draft application to reschedule hearing and filed same; correspondence to Boston and Ladd;
6/4/93	.10	Order rescheduling hearing to Boston, Ladd and Morgan;
7/12/93	.50	Prepared and filed application and related order seeking rescheduling; correspondence with Ladd re same;
7/15/93	.30	Preparation of transcript request form;
7/22/93	.25	Draft settlement letter;
7/23/93	1.0	Correspondence with Morgan and Boston proposing interim settlement and setting forth terms; preparation for hearing;
7/24/93	.50	Preparation for hearing on revocation of probation;
7/25/93	.75	Complete argument outline;
7/26/93	2.20	Final preparation for hearing on revocation of probation; preparation of Stover affidavit; correspondence to Boston; received, reviewed Stover test results;
7/27/93	1.0	Correspondence with Boston, Morgan, Ladd and Stover; preparation of supplemental pleading re Ladd assessments;
7/29/93	.40	Letter to Boston; preparation for resumption of hearing;
8/6/93	.50	Preparation for sentencing hearing; correspondence with Ladd re ranges and guidelines issues;
8/11/93	.60	Received, reviewed U.S. Probation guideline recommendations; preparation for sentencing;
8/15/93	.75	Preparation for sentencing; draft letter to Boston re changes for sentencing papers; commenced preparation of fee application;

EXHIBIT "D"

OUT OF COURT TIME: D. Investigative and Other Work

<u>Date</u>	<u>Time</u>	<u>Description</u>
8/16/93	.20	Correspondence with Mrs. Ladd; preparation of fee application; letter to Boston re revisions to guidelines report;
	<u>9.85</u>	TOTAL HOURS

UNITED STATES COURT OF APPEALS

TENTH CIRCUIT

UNITED STATES COURTHOUSE

DENVER, COLORADO 80294

JOHN P. MOORE
CIRCUIT JUDGE

September 27, 1993

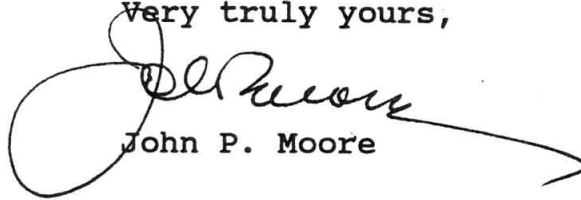
Honorable James O. Ellison, Chief Judge
United States District Court
Northern District of Oklahoma
333 West Fourth, Room 4-500
Tulsa, OK 74103

RE: No. 89-CR-83-E - U.S.A. v. David Royse Ladd
CJA Voucher No. 0381886

Dear Judge Ellison:

I am returning the above voucher with my approval in the amount of \$1,810.76, in accordance with the recommendations set forth in your letter dated September 21, 1993.

Very truly yours,



John P. Moore

JPM:sm
Encl.

James O. Ellison
Chief Judge

United States District Court
Northern District of Oklahoma
333 West Fourth, Room 4-472
Federal Building
Tulsa, Oklahoma 74103

(918) 581-7981
(FIS) 736-7981

September 21, 1993

Honorable John P. Moore
United States Circuit Judge
Attention: Gloria Zimmerman
C-438 U.S. Courthouse
Denver, Colorado 80294

Re: Case No. 89-CR-83-E - U.S.A. V. DAVID ROYSE LADD
CJA Voucher No. 0381886

Dear Judge Moore:

Enclosed is CJA-20 Voucher Form on behalf of services performed by John E. Dowdell on behalf of David Royse Ladd in revocation proceedings. Mr. Dowdell performed outstanding service on behalf of his client who is an unrehabilitated substance addict.

His services were reasonable and necessary to the representation. Since the charges exceed \$750.00, it is necessary to obtain your approval. I certify to you that these charges were necessarily incurred in the representation of this defendant and would appreciate your approval.

Very truly yours,



James O. Ellison, Chief Judge
United States District Court

JOE:bjh

Enclosure

FEDERAL PUBLIC DEFENDER
NORTHERN AND EASTERN DISTRICTS OF OKLAHOMA

STEPHEN J. KNORR
FEDERAL PUBLIC DEFENDER

Stephen J. Greubel
Craig Bryant
Robert Nigh, Jr.

September 3, 1993

222 South Houston, Suite C
Tulsa, Oklahoma 74127
(918) 581-7656
FAX: (918) 581-7630

Honorable James O. Ellison
Chief United States District Judge
Attention: Ms. Rosanne Miller
United States Courthouse
333 West 4th Street
Tulsa, Oklahoma 74103

mn Re: U.S.A. v. David Royse Ladd
Case No. 89-CR-083-^E

Dear Judge Ellison:

John Dowdell was appointed to represent David Royse Ladd in the above-referenced cause.

Mr. Dowdell has completed his services in the above matter, and has submitted his CJA-20 in order that I might review it for technical and mathematical accuracy.

The combined total of requested compensation is \$1,810.76, which exceeds the \$750.00 limitation (excluding expenses) provided by the Criminal Justice Act. As you know, an excess payment cannot be made unless it is first certified by the Judge before whom representation was furnished and then approved by the Chief Judge of the United States Court of Appeals for the Tenth Circuit. 18 U.S.C. §3006A(d)(3).

I am enclosing for your consideration Mr. Dowdell's completed CJA-20, along with his letter explaining the amount of time devoted to the representation of his client and the necessity for excess compensation.

Sincerely,


Stephen J. Knorr
Federal Public Defender

SJK:ch
Enclosure

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF OKLAHOMA

FILED

AUG 16 1993

Richard M. Lawrence, Clerk
U. S. DISTRICT COURT
NORTHERN DISTRICT OF OKLAHOMA

UNITED STATES OF AMERICA
Plaintiff

VS

DAVID R. LADD

Defendant

Case Number: 89-CR-083-005-E ✓

John Dowdell
Attorney for Defendant

ORDER REVOKING PROBATION AND SENTENCE


Heretofore on the 15th day of May, 1990, the defendant was sentenced to a five year term of Probation after pleading guilty to Conspiracy to Manufacture and Distribute Methamphetamine, Title 21, U.S.C., Section 846, and 841(a)(1). This was a downward departure from the guideline range of 97 to 121 months, based on a motion by the Government recommending a downward departure based on the defendant's substantial cooperation with the Government, pursuant to Section 5K1.1 of the U. S. Sentencing Guidelines.

This matter came on for a Show Cause Hearing on Probation Revocation on July 26, 1993, at which time the defense stipulated to the evidence presented by Senior U. S. Probation Officer, Robert E. Boston, which included approximately 23 laboratory reports

that urine specimens submitted by the defendant were positive for use of Marijuana.

The matter was set for disposition on August 16, 1993, at which time the Court found the defendant in violation of the conditions of probation by Possession of Controlled Substance as evidence by the positive laboratory reports.

It is the Order of the Court that Probation is revoked and the defendant is committed to the custody of the Bureau of Prisons for a term of four (4) months. This sentence is a downward departure from the revocation guideline range, as determined by the Court to be twenty months, based on the original motion by the Government that the defendant be sentenced to a term below the established guideline range. It is the recommendation of the Court that the defendant be designated to a facility capable of dealing with his medical problems and his history of substance abuse.


The Honorable James O. Ellison
Chief U. S. District Judge


Date

Reviewed and Approved:


Jack Morgan, Assistant U. S. Attorney

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF OKLAHOMA

FILED

AUG 9 1993

Richard M. Lawrence, Clerk
U. S. DISTRICT COURT
NORTHERN DISTRICT OF OKLAHOMA

UNITED STATES OF AMERICA,)
)
Plaintiff,)
)
vs.)
)
David Royse Ladd)
)
Defendant,)

CRIMINAL CASE NO:

89-CR-083-005-E

N O T I C E

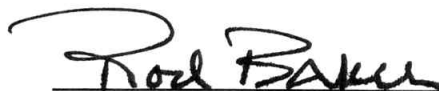
Attached you will find tentative guideline calculations regarding the revocation hearing recently held in the above-styled case.

If there are objections to these tentative calculations prepared as a result of the Court's findings, you must notify the U. S. Probation Office within five (5) days.

A hearing date will be set by the Court if the objections cannot be resolved.

If we do not hear from you within five (5) days, the Court will be notified that there are no objections.

Dated this 9th day of August, 1993.



ROD BAKER, CHIEF
U. S. PROBATION OFFICER

CERTIFICATE OF SERVICE

I hereby certify that on the 09th day of August, 1993, a true, exact, and correct copy of the above and foregoing instrument was mailed, by certified mail, return receipt requested, to the following:

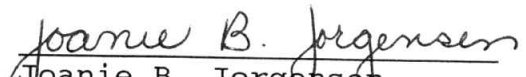
David R. Ladd
c/o John Dowdell
2900 Mid-Continent Tower
Tulsa, OK 74103

and

John Dowdell
2900 Mid-Continent Tower
Tulsa, OK 74103

and a copy hand-delivered to:

Jack Morgan, Assistant U. S. Attorney
3600 U. S. Court House
Tulsa, Oklahoma 74103


Joanie B. Jorgensen
U. S. Probation Clerk

United States District Court

Northern DISTRICT OF *Oklahoma*

UNITED STATES OF AMERICA

V.

David Royse Ladd
Defendant

APPEARANCE BOND

CASE NUMBER: *89-CR-8305-E*

Non-surety: I, the undersigned defendant acknowledge that I and my...

Surety: We, the undersigned, jointly and severally acknowledge that we and our...

personal representatives, jointly and severally, are bound to pay to the United States of America the sum of
\$ *25,000*, and there has been deposited in the Registry of the Court the sum of
\$ _____ in cash or *unsecured* (describe other security.)

The conditions of this bond are that the defendant

David Royse Ladd
(name)

is to appear before this court and at such other places as the defendant may be required to appear, in accordance with any and all orders and directions relating to the defendant's appearance in this case, including appearance for violation of a condition of defendant's release as may be ordered or notified by this court or any other United States District Court to which the defendant may be held to answer or the cause transferred. The defendant is to abide by any judgment entered in such matter by surrendering to serve any sentence imposed and obeying any order or direction in connection with such judgment.

It is agreed and understood that this is a continuing bond (including any proceeding on appeal or review) which shall continue until such time as the undersigned are exonerated.

If the defendant appears as ordered or notified and otherwise obeys and performs the foregoing conditions of this bond, then this bond is to be void, but if the defendant fails to obey or perform any of these conditions, payment of the amount of this bond shall be due forthwith. Forfeiture of this bond for any breach of its conditions may be declared by any United States District Court having cognizance of the above entitled matter at the time of such breach and if the bond is forfeited and if the forfeiture is not set aside or remitted, judgment may be entered upon motion in such United States District Court against each debtor jointly and severally for the amount above stated, together with interest and costs, and execution may be issued and payment secured as provided by the Federal Rules of Criminal Procedure and any other laws of the United States.

This bond is signed on *7-30-93* at *Tulsa, Okla*
Defendant: *David R Ladd* Date Address: *1714 Maple Ave, NE, Canton, Ohio 44705*

Surety. _____ Address. _____

Surety. _____ Address. _____

Signed and acknowledged before me on *7-30-93*
Date

James O'Brien
Judicial Officer/Clerk

Approved: _____

Judicial Officer

United States District Court

Northern

DISTRICT OF

Oklahoma

UNITED STATES OF AMERICA

V.

ORDER SETTING CONDITIONS
OF RELEASEDavid Reye Ladd
DefendantCase Number: 89-CR-830-F-E

IT IS ORDERED that the release of the defendant is subject to the following conditions:

- (1) The defendant shall not commit any offense in violation of federal, state or local law while on release in this case.
- (2) The defendant shall immediately advise the court, defense counsel and the U.S. attorney in writing of any change in address and telephone number.
- (3) The defendant shall appear at all proceedings as required and shall surrender for service of any sentence

imposed as directed. The defendant shall next appear at (if blank, to be notified) Courtroom #1
Place
on Aug. 14, 1993 @ 1:00
Date and Time

Release on Personal Recognizance or Unsecured Bond

IT IS FURTHER ORDERED that the defendant be released provided that:

- (☒) (4) The defendant promises to appear at all proceedings as required and to surrender for service of any sentence imposed.
- (☒) (5) The defendant executes an unsecured bond binding the defendant to pay the United States the sum of Twenty five thousand and no/100 dollars (\$ 25,000) in the event of a failure to appear as required or to surrender as directed for service of any sentence imposed.

Advice of Penalties and Sanctions

Violation of any of the foregoing conditions of release may result in the immediate issuance of a warrant for the defendant's arrest, a revocation of release, an order of detention, as provided in 18 U.S.C. §3148, and a prosecution for contempt as provided in 18 U.S.C. §401 which could result in a possible term of imprisonment or a fine.

The commission of any offense while on pretrial release may result in an additional sentence upon conviction for such offense to a term of imprisonment of not less than two years nor more than ten years, if the offense is a felony; or a term of imprisonment of not less than ninety days nor more than one year, if the offense is a misdemeanor. This sentence shall be consecutive to any other sentence and must be imposed in addition to the sentence received for the offense itself.

18 U.S.C. §1503 makes it a criminal offense punishable by up to five years of imprisonment and a \$250,000 fine to intimidate or attempt to intimidate a witness, juror or officer of the court; 18 U.S.C. §1510 makes it a criminal offense punishable by up to five years of imprisonment and a \$250,000 fine to obstruct a criminal investigation; 18 U.S.C. §1512 makes it a criminal offense punishable by up to ten years of imprisonment and a \$250,000 fine to tamper with a witness, victim or informant; and 18 U.S.C. §1513 makes it a criminal offense punishable by up to ten years of imprisonment and a \$250,000 fine to retaliate against a witness, victim or informant, or threaten or attempt to do so.

It is a criminal offense under 18 U.S.C. §3146, if after having been released, the defendant knowingly fails to appear as required by the conditions of release, or to surrender for the service of sentence pursuant to a court order. If the defendant was released in connection with a charge of, or while awaiting sentence, surrender for the service of a sentence, or appeal or certiorari after conviction, for:

- (1) an offense punishable by death, life imprisonment, or imprisonment for a term of fifteen years or more, the defendant shall be fined not more than \$250,000 or imprisoned for not more than ten years, or both;
- (2) an offense punishable by imprisonment for a term of five years or more, but less than fifteen years, the defendant shall be fined not more than \$250,000 or imprisoned for not more than five years, or both;
- (3) any other felony, the defendant shall be fined not more than \$250,000 or imprisoned not more than two years, or both;
- (4) a misdemeanor, the defendant shall be fined not more than \$100,000 or imprisoned not more than one year, or both.

A term of imprisonment imposed for failure to appear or surrender shall be consecutive to the sentence of imprisonment for any other offense. In addition, a failure to appear may result in the forfeiture of any bail posted.

Acknowledgement of Defendant

I acknowledge that I am the defendant in this case and that I am aware of the conditions of release. I promise to obey all conditions of release, to appear as directed, and to surrender for service of any sentence imposed. I am aware of the penalties and sanctions set forth above.

Ray R. Ladd

Signature of Defendant

1714 Maple Ave. NE

Address

Canton, Ohio 44705

City and State

216-452-0913

Telephone

Directions to United States Marshal

- ☒ The defendant is ORDERED released after processing.
- ☐ The United States marshal is ORDERED to keep the defendant in custody until notified by the clerk or judicial officer that the defendant has posted bond and/or complied with all other conditions for release. The defendant shall be produced before the appropriate judicial officer at the time and place specified, if still in custody.

Date: _____

July 30, 1993

James O. Blum

Signature of Judicial Officer

James O. Blum

Name and Title of Judicial Officer

Judge, U.S. District Court

Report and Order Terminating Probation/
Supervised Release
Prior to Original Expiration Date

United States District Court
FOR THE

NORTHERN DISTRICT OF OKLAHOMA

UNITED STATES OF AMERICA


v.

Crim. No. 89-CR-083-001-E

Loran Eugene Hall, Sr.

On May 22, 1992, the above named was placed on supervised release for a period of three years. He/she has complied with the rules and regulations of supervised release and is no longer in need of supervised release. It is accordingly recommended that he be discharged from supervised release.

Respectfully submitted,

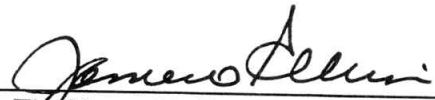


J. Mark Ogle, Senior
U. S. Probation Officer

ORDER OF THE COURT

Pursuant to the above report, it is ordered that the defendant is discharged from supervised release and that the proceedings in the case be terminated.

Dated this 30th day of July, 1993.



The Honorable James O. Ellison, Chief
United States District Judge

FILED
JUL 30 1993
Richard M. Lawrence, Clerk
U.S. DISTRICT COURT
NORTHERN DISTRICT OF OKLAHOMA

FILED

JUL 27 1993

B

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF OKLAHOMA

Richard M. Lawrence, Court Clerk
U.S. DISTRICT COURT

UNITED STATES OF AMERICA,,)

Plaintiff,)

vs.)

DAVID ROYSE LADD,)

Defendant.)

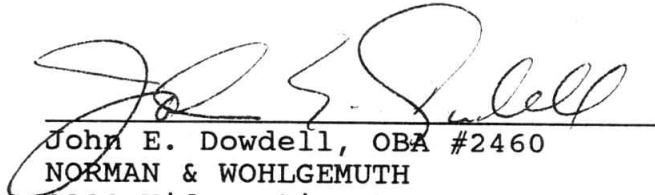
Case No. 89-CR-083-005-E

**DEFENDANT'S SUPPLEMENTAL SUBMISSION IN CONNECTION
WITH ONGOING REVOCATION OF PROBATION PROCEEDINGS**

On July 26 this Court considered a petition seeking revocation of David Royse Ladd's probation. After hearing oral argument the Court requested that the United States Probation Department develop further information with respect to a specific alternative treatment and rehabilitation program identified to the Court and the government by the defendant. Defendant has provided the government and Robert Boston of the United States Probation Office with documents generated by the Tulsa Area Council on Alcohol and Drug Abuse ("TACADA"), including the affidavit of Terry L. Stover, attached hereto as Exhibit A.

Mr. Stover is the TACADA program counsellor who personally met with Mr. Ladd and conducted extensive alcohol and drug evaluation. Ladd hereby submits to the Court the affidavit of Mr. Stover which sets forth salient facts for the Court's use in further proceedings scheduled for July 30.

Respectfully submitted,



John E. Dowdell, OBA #2460
NORMAN & WOHLGEMUTH
2900 Mid-Continent Tower
Tulsa, Oklahoma 74103
(918) 583-7571

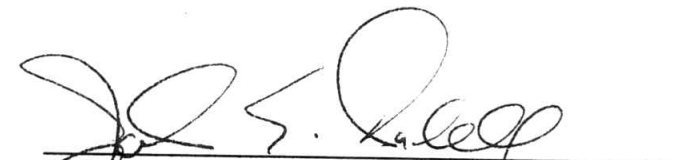
Attorney for Defendant,
David Royse Ladd.

CERTIFICATE OF SERVICE

I hereby certify that on the 27th day of July, 1993, a true and correct copy of the above and foregoing instrument was mailed, with proper postage thereon, to:

John S. Morgan
Assistant United States Attorney
3600 Federal Courthouse
333 West Fourth Street
Tulsa, OK 74103

Robert Boston
United States Probation Officer
United States Courthouse
333 West Fourth Street
Tulsa, OK 74101



John E. Dowdell

ladd.supp/map

EXHIBIT A

AFFIDAVIT OF TERRY L. STOVER

STATE OF OKLAHOMA)
) ss.
COUNTY OF TULSA)

The undersigned, Terry L. Stover, M.S., having been duly sworn, hereby testifies and states, based upon personal knowledge, as follows:

1. I am the Community Assistance Program Counselor for Tulsa Area Counsel on Alcohol and Drug Abuse ("TACADA"), a Tulsa area agency of the United Way.

2. In the course of my responsibilities I, among other things, provide assessments and referrals for emotional, family, drug and alcohol issues for those in need.

3. Pursuant to the request of John E. Dowdell, I have met with David R. Ladd and conducted an alcohol and drug evaluation. Specifically on July 22, Mr. Ladd was given a number of assessments including The John Hopkins 20 Questions, The Mortimer-Filkins Interview and the Substance Abuse Subtle Screening Inventory ("SASSI") along with an oral interview.

4. Some of the findings of these tests indicate a loss of ability to limit his alcoholic intake to one or two drinks; the use of alcohol to ameliorate intense negative affect such as anxiety, depression or anger; an identification with the attitudes, beliefs and behaviors common to chemically dependant people; elevated levels of defensive behavior (including defensiveness of his alcohol or drug use); and chemical dependance.

5. It is my recommendation that Mr. Ladd is in need of a comprehensive chemical dependency program.

6. Based upon Mr. Ladd's residence in Canton, Ohio, I have referred him to our National Council on Alcoholism and Drug Abuse affiliate in Cleveland Heights, Ohio. That facility, Alcoholism Services of Cleveland, Inc., is located at 2490 Lee Boulevard, Suite 300, Cleveland Heights, OH 44118, and its phone number is (216) 371-5656. I have recommended to that facility that Mr. Ladd be subjected to the most direct and comprehensive program available under Mr. Ladd's circumstances.


7. Because of Mr. Ladd's financial status at this time, a state-funded program will be needed and it is my understanding that one will be available.

8. The testing and oral interview to which Mr. Ladd was submitted shows that he is in a range between that calling for in-patient and that calling for out-patient treatment. In light of Mr. Ladd's complex medical condition, it will be difficult to identify an acceptable funded in-patient program. Therefore, in lieu of such a program I have recommended that Mr. Ladd be subjected to a program of at least three (3) months duration consisting of comprehensive out-patient counselling. I have likewise recommended that such a comprehensive program, if employed, be the most confrontational available. This program could continue well beyond three (3) months or be discontinued as directed by his primary care therapist. The program could last as long as nine (9) months or, if necessary, even longer.

9. I have further advised Mr. Ladd and TACADA's affiliate in Cleveland Heights, Ohio, that if Mr. Ladd discontinues his involvement with the program in which he is placed, I will immediately contact his attorney and the United States Probation Office in the Northern District of Oklahoma.

FURTHER AFFIANT SAYETH NOT.

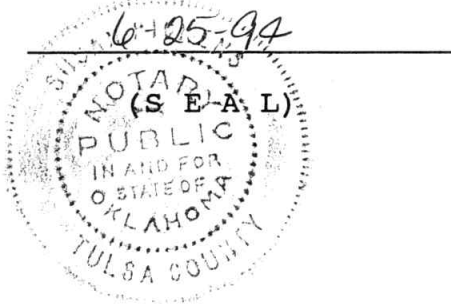
Dated this 27th day of July, 1993.


TERRY L. STOVER, M.S.

Subscribed and Sworn to before me on this 27th day of July, 1993.


Notary Public

My Commission Expires:



ladd.affid/map

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF OKLAHOMA

FILED

JUL 19 1993

Richard M. Lawrence, Clerk
U.S. DISTRICT COURT
NORTHERN DISTRICT OF OKLAHOMA

UNITED STATES OF AMERICA,,)

Plaintiff,)

vs.)

DAVID ROYSE LADD,)

Defendant.)

Case No. 89-CR-083-005-E

ORDER

The Court has for its consideration the "Application to Reschedule Hearing" ("Application") by which the Defendant seeks to reschedule the July 23 hearing regarding probation and supervised release. Upon consideration of the Application, the lack of objection of the government, and for good cause shown,

IT IS HEREBY ORDERED that the hearing on probation and supervised release currently scheduled for July 23, 1993 at 10:30 a.m. is stricken and rescheduled for ^{July} ~~August~~ 26, 1993 at 9:30 A.m.

DATED this 12th day of July, 1993.


JAMES O. ELLISON, CHIEF JUDGE

FILED

JUL 12 1993

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF OKLAHOMA

Richard M. Lawrence, Court Clerk
U.S. DISTRICT COURT

UNITED STATES OF AMERICA,,)

Plaintiff,)

vs.)

Case No. 89-CR-083-005-E

DAVID ROYSE LADD,)

Defendant.)

**UNOPPOSED APPLICATION TO RESCHEDULE
PROBATION REVOCATION HEARING**

The defendant, David Royse Ladd ("Ladd"), hereby respectfully requests that the probation revocation hearing, currently scheduled for July 23, 1993 at 10:30 a.m., be rescheduled for a date convenient to the Court after August 13. In support of this Application, Ladd states:

1. Counsel is currently committed to be out of state during two (2) consecutive weeks in connection with expert depositions in another case pending in this Court (BizJet International Sales and Support, Inc. v. Pratt & Whitney Canada, Inc., P&WC Aircraft Services, Inc., and Aviall, Inc., Case No. 91-C-904-B). Specifically, counsel will be out of state during the weeks of July 19 (inclusive of July 23) and July 26.

2. Counsel will also be out of state during the first two weeks of August on vacation. This vacation was planned well in advance of notice of this hearing or counsel's appointment to represent Mr. Ladd in these proceedings.

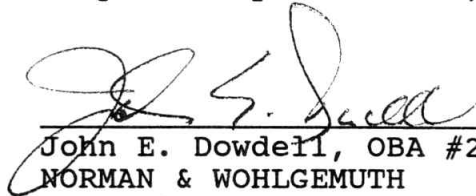
3. John S. Morgan, the responsible Assistant United States Attorney in this case, has been consulted and has **no objection** to

0-8

this Application to Reschedule Hearing. Likewise, Robert Boston, the United States Probation Officer involved in this matter, would prefer that the matter proceed as scheduled but, under the circumstances, has **no objection** to the requested rescheduling.

WHEREFORE, defendant David Royse Ladd respectfully requests that this Court reschedule the probation revocation hearing currently set for July 23, 1993 at 10:30 a.m. For the foregoing reasons Ladd requests that the hearing be scheduled sometime after August 13.

Respectfully submitted,



John E. Dowdell, OBA #2460
NORMAN & WOHLGEMUTH
2900 Mid-Continent Tower
Tulsa, Oklahoma 74103
(918) 583-7571

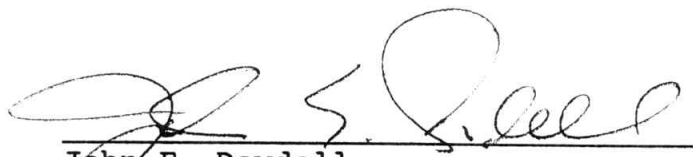
Attorney for Defendant.

CERTIFICATE OF MAILING

I hereby certify that on the 12th day of July, 1993, a true and correct copy of the above and foregoing instrument was mailed, with proper postage thereon, to:

Robert Boston
U. S. Probation Officer
United States Courthouse
333 West Fourth Street
Tulsa, OK 74101

John S. Morgan
Asst. United States Attorney
3600 Federal Courthouse
333 West Fourth Street
Tulsa, OK 74103



John E. Dowdell

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF OKLAHOMA

FILED

JUN 3 1993

Richard M. Lawrence, Clerk
U.S. DISTRICT COURT
NORTHERN DISTRICT OF OKLAHOMA

UNITED STATES OF AMERICA,,)

Plaintiff,)

vs.)

DAVID ROYSE LADD,)

Defendant.)

Case No. 89-CR-083-005-E ✓

ORDER

The Court has for its consideration the "Application to Reschedule Hearing" ("Application") by which the Defendant seeks to reschedule the June 11 hearing regarding probation and supervised release. Upon consideration of the Application, the lack of objection of the government, and for good cause shown,

IT IS HEREBY ORDERED that the hearing on probation and supervised release currently scheduled for June 11, 1993 at 2:30 p.m. is stricken and rescheduled for July 23, 1993 at 10:30 A.m.

DATED this 2^d day of June, 1993.


JAMES O. ELLISON, CHIEF JUDGE

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF OKLAHOMA

FILED

JUN 1 1993

Richard M. Lawrence, Clerk
U.S. DISTRICT COURT
NORTHERN DISTRICT OF OKLAHOMA

UNITED STATES OF AMERICA,,)

Plaintiff,)

vs.)

DAVID ROYSE LADD,)

Defendant.)

Case No. 89-CR-083-005-E ✓

APPLICATION TO RESCHEDULE HEARING

The defendant, David Royse Ladd ("Ladd"), hereby respectfully requests that the probation revocation hearing, currently scheduled for June 11, 1993 at 2:30 p.m., be rescheduled for a date convenient to the Court after July 12. In support of this Application, Ladd states:

1. The Federal Public Defender's office contacted the office of counsel regarding representation of Ladd on Friday, May 27, 1993. At that time counsel was out of town. Counsel has not yet spoken with Ladd about the matters which are the subject of the hearing.

2. Additional time is necessary to obtain and review the papers relating to these proceedings, and to confer with Ladd in connection with the alleged violations of his terms of probation.

3. Counsel is currently committed to be out of state during three (3) consecutive weeks in connection with expert depositions in another case pending in this Court (BizJet International Sales and Support, Inc. v. Pratt & Whitney Canada, Inc., P&WC Aircraft Services, Inc., and Aviall, Inc., Case No. 91-C-904-B). Specifically, counsel will be out of state during the weeks of June

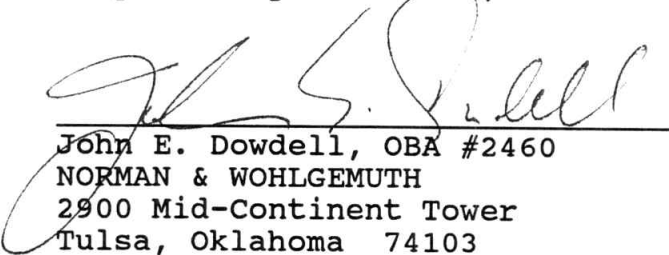
D

21, June 28 and July 5.

4. The United States Probation Department and John S. Morgan, the responsible Assistant United States Attorney in this case, have been consulted and there is no objection to this Application to Reschedule Hearing.

WHEREFORE, defendant David Royse Ladd respectfully requests that this Court reschedule the hearing currently set for June 11, 1993 at 2:30 p.m. Ladd requests that the hearing be scheduled at least thirty (30) days hence so that the defendant (a resident of Ohio) will have ample time to fully explore with his counsel the allegations which are the subject of the scheduled hearing, and so that the above-referenced conflicts may be avoided.

Respectfully submitted,



John E. Dowdell, OBA #2460
NORMAN & WOHLGEMUTH
2900 Mid-Continent Tower
Tulsa, Oklahoma 74103
(918) 583-7571

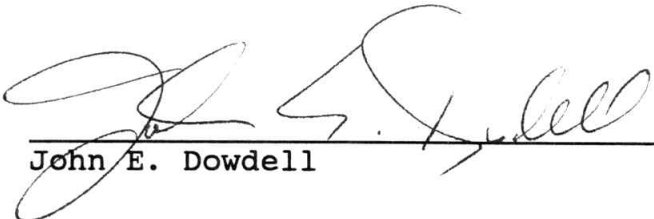
Attorney for Defendant.

CERTIFICATE OF MAILING

I hereby certify that on the 1st day of June, 1993, a true and correct copy of the above and foregoing instrument was mailed, with proper postage thereon, to:

Robert Boston
United States Probation Officer
United States Courthouse
333 West Fourth Street
Tulsa, OK 74101

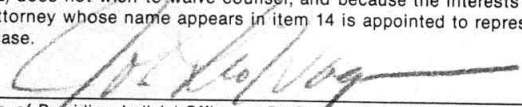
John S. Morgan
Assistant United States Attorney
3600 Federal Courthouse
333 West Fourth Street
Tulsa, OK 74103



John E. Dowdell

ladd.app/map

APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL

1. JURISDICTION 1 <input type="checkbox"/> MAG. 2 <input checked="" type="checkbox"/> DIST. 3 <input type="checkbox"/> APPEALS 4 <input type="checkbox"/> OTHER		2. MAG. DOCKET NO.		3. DIST. CT. DOCKET NO. 89-CR-83-E		VOUCHER NO. 0381886	
4. APPEALS DOCKET NO.		5. FOR (DISTRICT/CIRCUIT) N.D. Oklahoma		6. LOC. CODE OKNTU		7. CHARGE/OFFENSE (U.S. or other code citation)	
8. IN THE CASE OF United States VS Ladd		9. PERSON REPRESENTED (FULL NAME) David R. Ladd				7A. CASE CODE PR	
10. PERSON REPRESENTED (STATUS) 1 <input type="checkbox"/> DEFENDANT—ADULT 3 <input type="checkbox"/> APPELLANT 5 <input checked="" type="checkbox"/> OTHER 2 <input type="checkbox"/> DEFENDANT—JUVENILE 4 <input type="checkbox"/> APPELLEE Probationer				11. PROCEEDINGS (Describe briefly) - ALL PROCEEDINGS -			
12. PAYMENT CATEGORY A <input type="checkbox"/> FELONY C <input type="checkbox"/> PETTY OFFENSE E <input checked="" type="checkbox"/> OTHER B <input type="checkbox"/> MISDEMEANOR D <input type="checkbox"/> APPEAL Probation Violation				9A. NO. REFS.			
13. COURT ORDER O <input checked="" type="checkbox"/> Appointing Counsel F <input type="checkbox"/> Subs. for FD C <input type="checkbox"/> Co-Counsel R <input type="checkbox"/> Subs. for Retained Atty. P <input type="checkbox"/> Subs. for Panel Atty. Name of prior panel attorney _____ Appt. Date _____ Voucher No. _____				14. FULL NAME OF ATTORNEY/PAYEE (First Name, M.I., Last Name, Including Suffix) AND MAILING ADDRESS John Dowdell 2900 Mid-Continent Tower Tulsa, Oklahoma 74003			
Because the above-named "person represented" has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in item 14 is appointed to represent this person in this case.  Sig. of Presiding Judicial Officer or By Order of Court (Clerk/Deputy) May 28, 1993 Date of Order Nunc Pro Tunc Date				15. WORK PHONE 918/583-7571		16A. Does the attorney have the preexisting agreement (see Instructions) with a corporation, including a professional corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
				16B. SOCIAL SECURITY NO. (Only provide per instructions)		16C. EMPLOYER I.D. NO. (Only provide per instructions)	
16D. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions)							

CLAIM FOR SERVICES OR EXPENSES					
SERVICE		HOURS	DATES		
IN COURT	a. Arraignment and/or Plea				Multiply rate per hour times total hours to obtain "In Court" compensation. Enter total below. 17A. TOTAL IN COURT COMP.
	b. Bail and Detention Hearings				
	c. Motions Hearings				
	d. Trial				
	e. Sentence Hearings				
	f. Revocation Hearings				
	g. Appeals Court				
	h. Other (Specify on additional sheets)				
(Rate per hour = \$60) TOTAL HOURS =					\$
OUT OF COURT	a. Interviews and conferences				Multiply rate per hour times total hours. Enter total "out of court" compensation below. 18A. TOTAL OUT OF COURT COMP.
	b. Obtaining and reviewing records				
	c. Legal research and brief writing				
	d. Travel time (Specify on additional sheets)				
	e. Investigative and other work (Specify on additional sheets)				
(Rate per hour = \$40) TOTAL HOURS =					\$
EXPENSES	19. TRAVEL, LODGING, MEALS ETC.	AMOUNT	OTHER EXPENSES		AMOUNT
					19A. TOTAL TRAVEL EXP.
					\$
					19B. TOTAL OTHER EXP.
					\$
					20. GRAND TOTAL CLAIMED
					\$

21. CERTIFICATION OF ATTORNEY/PAYEE FOR PERIOD _____ TO _____	
F <input type="checkbox"/> Final Payment I <input type="checkbox"/> Interim Payment No. _____ Has compensation and/or reimbursement for work in this case previously been applied for? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, by whom where you paid? _____ How much? _____ Has the person represented paid any money to you, or to your knowledge to anyone else, in connection with the matter for which you were appointed to provide representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. _____ I swear or affirm the truth or correctness of the above statements	
SIGNATURE OF ATTORNEY/PAYEE _____ DATE _____	

APPROVED FOR PAYMENT	22. IN COURT COMP. \$	23. OUT OF COURT COMP. \$	24. TRAVEL EXPENSE \$	25. OTHER EXPENSES \$	26. TOTAL AMT. APPROVED/CERT. \$
	27. SIGNATURE OF PRESIDING JUDICIAL OFFICER _____			DATE _____	27A. JUDGE/MAG. CODE _____
	28. SIGNATURE OF CHIEF JUDGE, CT. OF APPEALS (OR DELEGATE) _____			DATE _____	29. TOTAL AMT. APPROVED \$

FILED

JUN 01 1993

Richard M. Lawrence, Clerk
U.S. DISTRICT COURT

IN THE UNITED STATES DISTRICT COURT FOR THE
NORTHERN DISTRICT OF OKLAHOMA

FILED

MAY 28 1993

UNITED STATES OF AMERICA,)
)
Plaintiff,)
v.)
)
David Ladd)
)
Defendant.)

No. 89-CR-83-E

Richard M. Lawrence, Clerk
U.S. DISTRICT COURT
NORTHERN DISTRICT OF OKLAHOMA

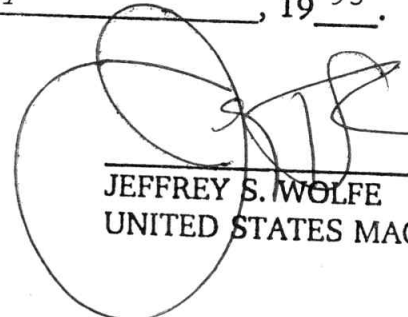
ORDER APPOINTING COUNSEL

On this 28th day of May, 1993, the above-named having completed an affidavit as to financial ability to employ counsel, and upon review, the Court finds that the affiant(s) is/are financially unable to obtain counsel. In accordance with the Northern District of Oklahoma Plan for Implementing the Criminal Justice Act 1984,

IT IS HEREBY ORDERED that the:

- _____ Federal Public Defender is appointed to represent the following:
_____ in all further proceedings unless and until relieved by order of the court.
- ✓ _____ Federal Public Defender shall forthwith furnish the name(s) of a private attorney or attorneys, as necessary, for appointment to represent the following: _____.
- _____ Defendant will reimburse the government for the reasonable cost of providing representation in accordance with his/her ability to pay as determined by further order of the court.
- _____ Federal Public Defender is temporarily appointed to represent the following: _____ for purposes of initial appearance only.

Dated this 28th day of May, 1993.


JEFFREY S. WOLFE
UNITED STATES MAGISTRATE JUDGE

FINANCIAL AFFIDAVIT

CJA 23

IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT OR OTHER COURT SERVICES WITHOUT PAYMENT OF FEE

IN UNITED STATES
IN THE CASE OF

☐ MAGISTRATE ☐ DISTRICT ☐ APPEALS COURT or ☐ OTHER PANEL (Specify below)

FOR

AT

LOCATION NUMBER

PERSON REPRESENTED (Show your full name)

David R. Ladd

- 1 ☒ Defendant—Adult
- 2 ☐ Defendant—Juvenile
- 3 ☐ Appellant
- 4 ☒ Probation Violator
- 5 ☐ Parole Violator
- 6 ☐ Habeas Petitioner
- 7 ☐ 2255 Petitioner
- 8 ☐ Material Witness
- 9 ☐ Other (Specify) _____

DOCKET NUMBERS

Magistrate

District Court

89CR83-05-E
Court of Appeals

CHARGE/OFFENSE (describe if applicable & check box →)

☒ Felony
☐ Misdemeanor

Probation Violation

ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY

EMPLOY-
MENT

Are you now employed? ☐ Yes ☒ No ☐ Am Self Employed

Name and address of employer: _____

IF YES, how much do you
earn per month? \$ _____

IF NO, give month and year of last employment
How much did you earn per month \$ _____

If married is your Spouse employed? ☐ Yes ☒ No

IF YES, how much does your
Spouse earn per month \$ _____ If a minor under age 21, what is your
Parents or Guardian's approximate monthly income \$ _____

ASSETS

OTHER
INCOME

Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? ☐ Yes ☒ No

IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY THE SOURCES

RECEIVED	SOURCES
378/mo	Food Stamps
514/mo	ADC

CASH

Have you any cash on hand or money in savings or checking account ☐ Yes ☒ No IF YES, state total amount \$ _____

PROP-
ERTY

Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? ☐ Yes ☒ No

IF YES, GIVE VALUE AND \$
DESCRIBE IT

VALUE

DESCRIPTION

OBLIGATIONS
& DEBTS

DEPENDENTS

MARITAL STATUS

☐ SINGLE
☒ MARRIED
☐ WIDOWED
☐ SEPARATED OR
DIVORCED

Total
No. of
Dependents

5

List persons you actually support and your relationship to them

David Ladd, Jackie Ladd - Wife
Brad Ladd - Son, Dee-Dee - Daughter
Christina Ladd - Daughter

DEBTS &
MONTHLY
BILLS

(LIST ALL CREDI-
TORS, INCLUDING
BANKS, LOAN COM-
PANIES, CHARGE
ACCOUNTS, ETC.)

APARTMENT
OR HOME:

Rent Home - Jan Walker
Utilities + Food

Creditors

AT&T Long Distance / Utilities

Total Debt

Monthly Payt.

\$350.	\$350.
\$542/mo	\$542.
\$1350.	\$

SIGNATURE OF DEFENDANT
(OR PERSON REPRESENTED)

I certify the above to be correct.

David R. Ladd

5/12/93

WARNING:

A FALSE OR DISHONEST ANSWER TO A QUESTION IN THIS AFFIDAVIT MAY BE PUNISHABLE BY FINE OR IMPRISONMENT, OR BOTH

United States District Court
for the
NORTHERN DISTRICT OF OKLAHOMA

FILED

MAY 4 1993

Richard M. Lawrence, Clerk
U. S. DISTRICT COURT
NORTHERN DISTRICT OF OKLAHOMA

U. S. A. vs. David Royce Ladd

Docket No. 89-CR-083-005-E ✓

Petition on Probation and Supervised Release

COMES NOW Robert E. Boston, Senior PROBATION OFFICER OF THE COURT presenting an official report upon the conduct and attitude of David Royce Ladd who was placed on supervision by the Honorable James O. Ellison sitting in the court at Tulsa, on day of May, 1990 who fixed the period of supervision at five years, and imposed the general terms and conditions theretofore adopted by the court and also imposed special conditions and terms as follows:

That the defendant participate in a program for the treatment of substance abuse at the discretion of the U. S. Probation Office.

That the defendant reside in and actively participate in a program of residential drug treatment as directed by the U. S. Probation Office, until discharged by the director.

RESPECTFULLY PRESENTING PETITION FOR ACTION OF COURT AND FOR CAUSE AS FOLLOWS:

(If short insert here; if lengthy write on separate sheet and attach)

See attachment

PRAYING THAT THE COURT WILL ORDER A Summons be issued so the defendant may be brought before the Court to show cause why his probation not be revoked.

ORDER OF COURT

Considered and ordered this 3rd
day of May, 1993 and
ordered filed and made a part of the
records in the above case.

James O. Ellison
U. S. District Judge

Respectfully,
Robert E. Boston
Probation Officer

Place Tulsa, Ok

Date April 28, 1993

Ladd, David Royce
89-CR-083-005-E

ATTACHMENT

1. **VIOLATION OF CONDITION NUMBER 7:** "You shall refrain from excessive use of alcohol and shall not purchase, possess, use, distribute, or administer any narcotic or other controlled substance, or any paraphernalia related to such substances, except as prescribed by a physician. You shall submit to urinalysis as directed by the U. S. Probation Office."

On the following dates the defendant submitted urine specimens which tested positive for use of marijuana: December 3, 6, 13, 20, 27, and 31, 1991; January 3, 10, 13, 14, 17, 21, and 24; February 14, and 21; March 3, 5, 10, and 24, 1992; February 17, 1993; March 5, 9, and 12; and April 6, 1993.

SUPPORTING INFORMATION: Attached hereto and incorporated herein as Exhibit A is a copy of the Probation Form 7a, "Conditions of Probation and Supervised Release", which was signed by the defendant acknowledging that he understood those conditions. This document was witnessed by Supervising U. S. Probation, Scott Kallenburger.

Attached hereto and incorporated herein as Exhibits B(1), B(2), B(3), B(4), B(5), B(6), B(7), B(8), B(9), B(10), B(11), B(12), B(13), B(14), B(15), B(16), B(17), B(18), B(19), B(20), B(21), B(22), B(23), and B(23), are PharmChem Laboratory Reports dated December 3, 6, 13, 20, 27, and 31, 1991; January 3, 10, 13, 14, 17, 21, and 24, 1992; February 14, and 21, 1992; March 3, 5, 10, and 24, 1992; February 17, 1993; March 5, 9, and 12; and April 6, 1993, respectively, each showing that urine specimens submitted by the defendant on those dates tested positive for use of marijuana.

Conditions of Probation and Supervised Release

UNITED STATES DISTRICT COURT

FOR THE

NORTHERN DISTRICT OF OKLAHOMA

RECEIVED
APR 09 1992

U. S. PROBATION OFFICE
NO DIST OF OKLA.



Name David Royse Ladd
2100 Harrisburg Road
Address Canton, Ohio 44721

Docket No. 89-CR-083-05-E

Under the terms of your sentence, you have been placed on probation/~~supervised release~~ (strike one) by the Honorable James O. Ellison, United States District Judge for the District of Northern/OK (Tulsa). Your term of supervision is for a period of Five (5) Years, commencing May 15, 1990.

While on probation/~~supervised release~~ (strike one), you shall not commit another Federal, state, or local crime and shall not illegally possess a controlled substance. Revocation of probation and supervised release is mandatory for possession of a controlled substance.

CHECK IF APPROPRIATE:

- ☐ As a condition of supervision, you are instructed to pay a fine in the amount of _____; it shall be paid in the following manner _____.
- ☐ As a condition of supervision, you are instructed to pay restitution in the amount of _____ to _____; it shall be paid in the following manner _____.
- ☒ The defendant shall not possess a firearm or destructive device. Probation must be revoked for possession of a firearm.
- ☐ The defendant shall report in person to the probation office in the district to which the defendant is released within 72 hours of release from the custody of the Bureau of Prisons.
- ☐ The defendant shall report in person to the probation office in the district of release within 72 hours of release from the custody of the Bureau of Prisons.

It is the order of the Court that you shall comply with the following standard conditions:

- (1) You shall not leave the judicial district without permission of the court or probation officer;
- (2) You shall report to the probation officer as directed by the court or probation officer, and shall submit a truthful and complete written report within the first five days of each month;
- (3) You shall answer truthfully all inquiries by the probation officer and follow the instructions of the probation officer;



15-A O'Brien Drive, Menlo Park, CA 94025

CHAIN OF CUSTODY FOR DRUG ANALYSIS

Results Name and Address
Keith A. Koenning, Chief Prob. Off
Federal Probation Office
568 Euclid Avenue #605
Cleveland, OH 44114

Collection Site and Address
ABM

Collection Code:

FED PROBATION

Specimen No. 0004629571

Employer's Name and Address
Federal Probation

Account No. 100620303

Special Tests Requested
THC

PLAINTIFF'S EXHIBIT
B-1

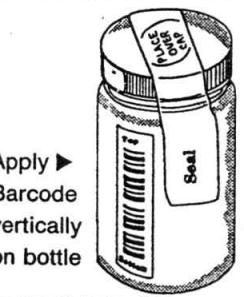
Reason For Test (Check One)					
<input type="checkbox"/> 01 Preemployment	<input checked="" type="checkbox"/> 02 Random	<input type="checkbox"/> 03 Accident	<input type="checkbox"/> 04 Medical	<input type="checkbox"/> 05 Cause	<input type="checkbox"/> 06 Specify: _____
Specimen Type			Split Sample (Collect only if required by Client)		
<input checked="" type="checkbox"/> Urine	<input type="checkbox"/> Blood	<input type="checkbox"/> Urine and Blood	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Specimen Identification (This information will appear only on plies 1,3.)				Date Collected	
Ladd				12/3/91	
Specimen Identification (This information will appear on all copies.)				Social Security #	
				279-68-5742	
Remarks Concerning Collection				Temperature	

COLLECTOR CERTIFICATION: I certify that the specimen identified on this form is the specimen presented to me by the donor providing the certification below, that it bears the same identification number as set forth above and that it has been collected, labeled and sealed in accordance with the instructions provided.

Collector's Signature: *Henry A. Dragovich*

DONOR CERTIFICATION AND CONSENT: I certify that the specimen accompanying this form is my own and that I provided it to the collector. Further, I certify that the specimen container was sealed with a tamperproof seal in my presence and that the information provided on this form and on the label is correct. Also, I consent to the analysis of the specimen accompanying this form by the laboratory and to the release by the laboratory of the results of the analysis as well as the information recorded on this form to the organization and/or individual listed on this form.

Donor's Signature or Initials: *[Signature]*



SECOND SEAL AND CODE FOR BLOOD SPLIT SAMPLE.



COLLECTOR'S SIGNATURE	PLACE OVER CAP OF SPECIMEN	SPECIMEN NO. 0004629571	S
DONOR'S SIGNATURE OR INITIALS			

Shipper	Airbill #	Date Shipped	Ship Specimen To	PharmChem Laboratories, Inc. 1505-A O'Brien Drive Menlo Park, CA 94025-1435
<i>jo</i>		12/3/91		

- INSTRUCTIONS TO COLLECTOR
- Complete all unshaded areas of form.
 - Affix tamperproof seal and barcode as illustrated.
 - Ask donor to sign Donor Certification and Consent and initial/sign tamperproof seal.
 - Place specimen and laboratory copy of Chain of Custody form in shipping container.
 - Keep specimen in secure storage until shipped.
 - Distribute copies of Chain of Custody form as indicated on each copy.

1

PHARMCHEM LABORATORIES, INC.

LABORATORY

1505-A O'Brien Drive, Menlo Park, CA, 94025

REPORT

ACCOUNT NUMBER: 100620303 BARCODE NUMBER: 004629571

SEND TO: SPECIMEN ID:
ATT: Keith A. Koenning SPECIMEN ID:
Federal Probation Office SPECIMEN DATE: 12/03/91
668 Euclid Ave., Rm. 605 TEST TYPE:
Cleveland, OH 44114 LOCATION CODE:

ACCESSION NUMBER: 004063530
DATE RECEIVED: 12/07/91
Old Acct. No: FP 62C DATE REPORTED: 12/10/91

TEST METHODS AND DETECTION LEVELS

Drug or Drug Class	Initial Test		Confirmation Test	
	Method	CutOff	Method	CutOff
Amphetamines	EMIT	1000 ng/ml	GC/MS	250 ng/ml
Barbiturates	EMIT	300 ng/ml	GC	500 ng/ml
Benzodiazepines	EMIT	300 ng/ml	GC	200 ng/ml
Cocaine Metabolite	EMIT	300 ng/ml	GC	300 ng/ml
Methadone	EMIT	300 ng/ml	GC	300 ng/ml
Opiates	EMIT	300 ng/ml	GC/MS	150 ng/ml
Phencyclidine	EMIT	25 ng/ml	GC/MS	25 ng/ml
Cannabinoid 100	EMIT	100 ng/ml	HPTLC	50 ng/ml

TEST RESULTS

Drug or	Test	Drug or	Test
---------	------	---------	------

Drug class

Result

Drug class

Result

Amphetamines

Amphetamine negative

Methamphetamine negative

Barbiturates

Amobarbital negative

Butabarbital negative

Butalbital negative

Pentobarbital negative

Phenobarbital negative

Secobarbital negative

Benzodiazepines

ACB negative

MACB negative

Cocaine Metabolite

Benzoylecgonine negative

Methadone

Methadone negative

Opiates

Codeine negative

Hydromorphone negative

Morphine negative

Phencyclidine

Phencyclidine negative

Cannabinoid 100

THC Metabolite POSITIVE

COMMENTS:

* TEST RESULT *

* POSITIVE *

I certify that the specimen identified by this accession number is the same specimen that bears the specimen identification barcode number set forth above, that the specimen has been examined upon receipt, handled and analyzed in accordance with applicable requirements, and that these results are for that specimen.

Results Certified by: SUZANNE SAMPSON

Date: 12/10/91



LABORATORIES, INC.

1505-A O'Brien Drive, Menlo Park, CA 94025

CHAIN OF CUSTODY FOR DRUG ANALYSIS

FED PROBATION	
Specimen No.	0004629574
Employer's Name and Address Federal Probation	
Account No.	100620303
Special Tests Requested	THC

Results Name and Address Keith A. Koenning, Chief Prob. Off Federal Probation Office 668 Euclid Avenue #605 Cleveland, OH 44114
Collection Site and Address ABM
Location Code:

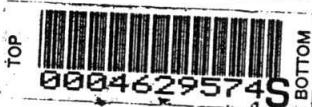
Reason For Test (Check One) <input type="checkbox"/> 01 Preemployment <input checked="" type="checkbox"/> 02 Random <input type="checkbox"/> 03 Post Accident <input type="checkbox"/> 04 Periodic Medical <input type="checkbox"/> 05 Reasonable Cause <input type="checkbox"/> 06 Other Specify: _____	
Specimen Type <input checked="" type="checkbox"/> Urine <input type="checkbox"/> Blood <input type="checkbox"/> Urine and Blood	Split Sample (Collect only if required by Client) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Specimen Identification (This information will appear only on plies 1,3.) Ladd	Date Collected 12/6/91
Specimen Identification (This information will appear on all copies.)	Social Security # 279-68-5742
Remarks Concerning Collection	Temperature

COLLECTOR CERTIFICATION: I certify that the specimen identified on this form is the specimen presented to me by the donor providing the certification below, that it bears the same identification number as set forth above and that it has been collected, labeled and sealed in accordance with the instructions provided.

Collector's Signature
Jeffrey A. Dragovich

DONOR CERTIFICATION AND CONSENT: I certify that the specimen accompanying this form is my own and that I provided it to the collector. Further, I certify that the specimen container was sealed with a tamperproof seal in my presence and that the information provided on this form and on the label is correct. Also, I consent to the analysis of the specimen accompanying this form by the laboratory and to the release by the laboratory of the results of the analysis as well as the information recorded on this form to the organization and/or individual listed on this form.

Donor's Signature or Initials
Don R. Ladd



COLLECTOR'S SIGNATURE	PLACE OVER CAP OF SPECIMEN	SPECIMEN NO. 0004629574 S	DONOR'S SIGNATURE OR INITIALS
-----------------------	----------------------------	---------------------------	-------------------------------

Shipper <i>JD</i>	Airbill #	Date Shipped 12/6/91	Ship Specimen To PharmChem Laboratories, Inc. 1505-A O'Brien Drive Menlo Park, CA 94025-1435
----------------------	-----------	-------------------------	---

INSTRUCTIONS TO COLLECTOR
Complete all unshaded areas of form.
Fix tamperproof seal and barcode as illustrated.
Donor to sign Donor Certification and Consent and initial/sign tamperproof seal.
Place specimen and laboratory copy of Chain of Custody form in shipping container.
Keep specimen in secure storage until shipped.
Furnish copies of Chain of Custody form to:

PHARMICHEM LABORATORIES, INC.

LABORATORY

1505-A O'Brien Drive, Menlo Park, CA, 94025

REPORT

ACCOUNT NUMBER: 100620303 BARCODE NUMBER: 004629574

SEND TO: SPECIMEN ID:
ATT: Keith A. Koenning SPECIMEN ID:
Federal Probation Office SPECIMEN DATE: 12/06/91
668 Euclid Ave., Rm. 605 TEST TYPE:
Cleveland, OH 44114 LOCATION CODE:

ACCESSION NUMBER: 004093179
DATE RECEIVED: 12/12/91
Old Acct. No: FP 62C DATE REPORTED: 12/13/91

TEST METHODS AND DETECTION LEVELS

Drug or Drug Class	Initial Test		Confirmation Test	
	Method	CutOff	Method	CutOff
Amphetamines	EMIT	1000 ng/ml	GC/MS	250 ng/ml
Barbiturates	EMIT	300 ng/ml	GC	500 ng/ml
Benzodiazepines	EMIT	300 ng/ml	GC	200 ng/ml
Cocaine Metabolite	EMIT	300 ng/ml	GC	300 ng/ml
Methadone	EMIT	300 ng/ml	GC	300 ng/ml
Opiates	EMIT	300 ng/ml	GC/MS	150 ng/ml
Phencyclidine	EMIT	25 ng/ml	GC/MS	25 ng/ml
Cannabinoid 100	EMIT	100 ng/ml	HPTLC	50 ng/ml

TEST RESULTS

Drug or Test Drug or Test

Drug class

Result

Drug class

Result

Amphetamines

Amphetamine negative

Methamphetamine negative

Barbiturates

Amobarbital negative

Butabarbital negative

Butalbital negative

Pentobarbital negative

Phenobarbital negative

Secobarbital negative

Benzodiazepines

ACB negative

MACB negative

Cocaine Metabolite

Benzoylecgonine negative

Methadone

Methadone negative

Opiates

Codeine negative

Hydromorphone negative

Morphine negative

Phencyclidine

Phencyclidine negative

Cannabinoid 100

THC Metabolite POSITIVE

COMMENTS:

* TEST RESULT *

* POSITIVE *

I certify that the specimen identified by this accession number is the same specimen that bears the specimen identification barcode number set forth above, that the specimen has been examined upon receipt, handled and analyzed in accordance with applicable requirements, and that these results are for that specimen.

Results Certified by: LING LIU

Date: 12/13/91

1505-A O'Brien Drive, Menlo Park, CA 94025

CHAIN OF CUSTODY FOR DRUG ANALYSIS

FED PROBATION

Specimen No.

0004629586

Results Name and Address

Keith A. Koenning, Chief Prob. Off
Federal Probation Office

668 Euclid Avenue #605
Cleveland, OH 44114

Employer's Name and Address

Federal Probation

Account No.

100620303

Collection Site and Address

ARM

Special Tests Requested

TEC



Location Code:

Reason For Test (Check One)

☐ 01 Preemployment

☒ 02 Random

☐ 03 Accident

☐ 04 Medical

☐ 05 Cause

☐ 06 Other Specify: _____

Specimen Type

☒ Urine

☐ Blood

☐ Urine and Blood

Split Sample (Collect only if required by Client)

☐ Yes

☒ No

Specimen Identification (This information will appear only on plies 1,3.)

Ladd

Date Collected

12/13/91

Specimen Identification (This information will appear on all copies.)

Social Security #

279-68-5742

Remarks Concerning Collection

Temperature

COLLECTOR CERTIFICATION: I certify that the specimen identified on this form is the specimen presented to me by the donor providing the certification below, that it bears the same identification number as set forth above and that it has been collected, labeled and sealed in accordance with the instructions provided.

Collector's Signature

Jeffrey A. Shragovich

DONOR COMPLETES

DONOR CERTIFICATION AND CONSENT: I certify that the specimen accompanying this form is my own and that I provided it to the collector. Further, I certify that the specimen container was sealed with a tamperproof seal in my presence and that the information provided on this form and on the label is correct. Also, I consent to the analysis of the specimen accompanying this form by the laboratory and to the release by the laboratory of the results of the analysis as well as the information recorded on this form to the organization and/or individual listed on this form.

Donor's Signature or Initials

[Signature]



Apply ►
Barcode
vertically
on bottle

USE SECOND SEAL AND
BARCODE FOR BLOOD
OR SPLIT SAMPLE.



COLLECTOR'S SIGNATURE

PLACE
OVER CAP
OF
SPECIMEN

SPECIMEN NO. 0004629586

S

DONOR'S SIGNATURE OR INITIALS

Shipper

Airbill #

Date Shipped

Ship
Specimen
To

PharmChem Laboratories, Inc.
1505-A O'Brien Drive
Menlo Park, CA 94025-1435

INSTRUCTIONS TO COLLECTOR

- Complete all unshaded areas of form.
- Affix tamperproof seal and barcode as illustrated.
- Ask donor to sign Donor Certification and Consent and initial/sign tamperproof seal.
- Place specimen and laboratory copy of Chain of Custody form in shipping container.
- Keep specimen in secure storage until shipped.

HARMCHEM LABORATORIES, INC.
LABORATORY
505-A O'Brien Drive, Menlo Park, CA, 94025

REPORT

=====

ACCOUNT NUMBER:	100620303	BARCODE NUMBER:	004629586
-----------------	-----------	-----------------	-----------

=====

SEND TO:	SPECIMEN ID:
ATT: Keith A. Koenning, CUSPO	SPECIMEN ID:
J.S. Probation Office	SPECIMEN DATE: 12/13/91
310 Lakeside West Ste 400	TEST TYPE:
Cleveland, OH 44113	LOCATION CODE:

=====

	ACCESSION NUMBER: 004134648
	DATE RECEIVED: 12/19/91
Old Acct. No: FP 62C	DATE REPORTED: 12/20/91

=====

TEST METHODS AND DETECTION LEVELS				
Drug or Drug Class	Initial Test		Confirmation Test	
	Method	CutOff	Method	CutOff

=====

Amphetamines	EMIT	1000 ng/ml	GC/MS	250 ng/ml
Barbiturates	EMIT	300 ng/ml	GC	500 ng/ml
Benzodiazepines	EMIT	300 ng/ml	GC	200 ng/ml
Cocaine Metabolite	EMIT	300 ng/ml	GC	300 ng/ml
Methadone	EMIT	300 ng/ml	GC	300 ng/ml
Opiates	EMIT	300 ng/ml	GC/MS	150 ng/ml
Phencyclidine	EMIT	25 ng/ml	GC/MS	25 ng/ml
Cannabinoid 100	EMIT	100 ng/ml	HPTLC	50 ng/ml

=====

TEST RESULTS			
Drug or Drug class	Test Result	Drug or Drug class	Test Result

=====

Amphetamines		Cocaine Metabolite	
Amphetamine	negative	Benzoyllecgonine	negative
Methamphetamine	negative	Methadone	
Barbiturates		Methadone	negative
Amobarbital	negative	Opiates	
Butabarbital	negative	Codeine	negative
Butalbital	negative	Hydromorphone	negative
Pentobarbital	negative	Morphine	negative
Phenobarbital	negative	Phencyclidine	
Secobarbital	negative	Phencyclidine	negative
Benzodiazepines		Cannabinoid 100	
ACB	negative	THC Metabolite	POSITIVE
MACB	negative		

=====

COMMENTS: *****
* TEST RESULT *
* POSITIVE *

I certify that the specimen identified by this accession number is the same specimen that bears the specimen identification barcode number set forth above, that the specimen has been examined upon receipt, handled and analyzed in accordance with applicable requirements, and that these results are for that specimen.



1505-A O'Brien Drive, Menlo Park, CA 94025

CHAIN OF CUSTODY FOR DRUG ANALYSIS

FEDERATION

Specimen No.

0004629526

Results Name and Address

Keith A. Koenning, Chief Prob. Off
Federal Probation Office

668 Euclid Avenue #605
Cleveland, OH 44114

Employer's Name and Address

Federal Probation

Account No.

100620303

Collection Site and Address

ABM

Special Tests Requested

T H



Location Code:

Reason For Test (Check One)

☐ 01 Preemployment

☒ 02 Random

☐ 03 Accident

☐ 04 Medical

☐ 05 Reasonable Cause

☐ 06 Other Specify: _____

Specimen Type

☒ Urine

☐ Blood

☐ Urine and Blood

Split Sample (Collect only if required by Client)

☐ Yes

☒ No

Specimen Identification (This information will appear only on plies 1,3.)

Ladd

Date Collected

12/20/91

Specimen Identification (This information will appear on all copies.)

Social Security #

279-68-5742

Remarks Concerning Collection

Temperature

COLLECTOR CERTIFICATION: I certify that the specimen identified on this form is the specimen presented to me by the donor providing the certification below, that it bears the same identification number as set forth above and that it has been collected, labeled and sealed in accordance with the instructions provided.

Collector's Signature

DONOR CERTIFICATION AND CONSENT: I certify that the specimen accompanying this form is my own and that I provided it to the collector. Further, I certify that the specimen container was sealed with a tamperproof seal in my presence and that the information provided on this form and on the label is correct. Also, I consent to the analysis of the specimen accompanying this form by the laboratory and to the release by the laboratory of the results of the analysis as well as the information recorded on this form to the organization and/or individual listed on this form.

Donor's Signature or Initials



Apply ►
Barcode
vertically
on bottle

USE SECOND SEAL AND
BARCODE FOR BLOOD
OR SPLIT SAMPLE.



COLLECTOR'S SIGNATURE

PLACE
OVER CAP
OF
SPECIMEN

SPECIMEN NO. 0004629526

S

DONOR'S SIGNATURE OR INITIALS

Shipper

Airbill #

Date Shipped

12/20/91

Ship
Specimen
To

PharmChem Laboratories, Inc.
1505-A O'Brien Drive
Menlo Park, CA 94025-1435

INSTRUCTIONS TO COLLECTOR

- Complete all unshaded areas of form.
- Affix tamperproof seal and barcode as illustrated.
- Ask donor to sign Donor Certification and Consent and initial/sign tamperproof seal.
- Place specimen and laboratory copy of Chain of Custody form in shipping container.
- Keep specimen in secure storage until shipped.
- Distribute copies of Chain of Custody form as indicated on each copy.

PLY 1

HARMCHEM LABORATORIES, INC.
 LABORATORY
 505-A O'Brien Drive, Menlo Park, CA, 94025

REPORT

=====

ACCOUNT NUMBER:	100620303	BARCODE NUMBER:	004629526
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=====

END TO:	SPECIMEN ID:	
ATT: Keith A. Koenning, CUSPO	SPECIMEN ID:	
J.S. Probation Office	SPECIMEN DATE:	12/20/91
310 Lakeside West Ste 400	TEST TYPE:	
Cleveland, OH 44113	LOCATION CODE:	
	ACCESSION NUMBER:	004171066
	DATE RECEIVED:	12/27/91
Old Acct. No: FP 62C	DATE REPORTED:	01/01/92

=====

TEST METHODS AND DETECTION LEVELS

Drug or Drug Class	Initial Test		Confirmation Test	
	Method	CutOff	Method	CutOff
Amphetamines	EMIT	1000 ng/ml	GC/MS	250 ng/ml
Barbiturates	EMIT	300 ng/ml	GC	500 ng/ml
Benzodiazepines	EMIT	300 ng/ml	GC	200 ng/ml
Cocaine Metabolite	EMIT	300 ng/ml	GC	300 ng/ml
Methadone	EMIT	300 ng/ml	GC	300 ng/ml
Opiates	EMIT	300 ng/ml	GC/MS	150 ng/ml
Phencyclidine	EMIT	25 ng/ml	GC/MS	25 ng/ml
Cannabinoid 100	EMIT	100 ng/ml	HPTLC	50 ng/ml

=====

TEST RESULTS

Drug or Drug class	Test Result	Drug or Drug class	Test Result
Amphetamines		Cocaine Metabolite	
Amphetamine	negative	Benzoylecgonine	negative
Methamphetamine	negative	Methadone	
Barbiturates		Methadone	negative
Amobarbital	negative	Opiates	
Butabarbital	negative	Codeine	negative
Butalbital	negative	Hydromorphone	negative
Pentobarbital	negative	Morphine	negative
Phenobarbital	negative	Phencyclidine	
Secobarbital	negative	Phencyclidine	negative
Benzodiazepines		Cannabinoid 100	
ACB	negative	THC Metabolite	POSITIVE
MACB	negative		

COMMENTS:

 * TEST RESULT *
 * POSITIVE *

I certify that the specimen identified by this accession number is the same specimen that bears the specimen identification barcode number set forth above, that the specimen has been examined upon receipt, handled and analyzed in accordance with applicable requirements, and that these results are for that specimen.

Results Certified by: LORRIE SEDILLOS

Date: 01/01/92

CHAIN OF CUSTODY FOR DRUG ANALYSIS

FED PROBATION

Specimen No.

0004629538

Results Name and Address

**Keith A. Koenning, Chief Prob. Off
Federal Probation Office**

**668 Euclid Avenue #605
Cleveland, OH 44114**

Employer's Name and Address

Federal Probation

Account No.

100620303

Collection Site and Address

ABM

Special Tests Requested

TAC



Location Code:

OWN CLEVELAND

Reason For Test (Check One)

☐ 01 Preemployment

☒ 02 Random

☐ 03 Post Accident

☐ 04 Periodic Medical

☐ 05 Reasonable Cause

☐ 06 Other Specify: _____

Specimen Type

☒ Urine

☐ Blood

☐ Urine and Blood

Split Sample (Collect only if required by Client)

☐ Yes

☒ No

Specimen Identification (This information will appear only on plies 1,3.)

Ladd

Date Collected

12/27/91

Specimen Identification (This information will appear on all copies.)

Social Security #

279-68-5742

Remarks Concerning Collection

Temperature

COLLECTOR CERTIFICATION: I certify that the specimen identified on this form is the specimen presented to me by the donor providing the certification below, that it bears the same identification number as set forth above and that it has been collected, labeled and sealed in accordance with the instructions provided.

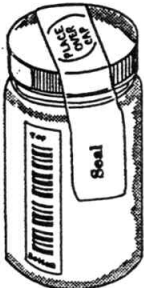
Collector's Signature

Jeffrey A. Dragovich

DONOR CERTIFICATION AND CONSENT: I certify that the specimen accompanying this form is my own and that I provided it to the collector. Further, I certify that the specimen container was sealed with a tamperproof seal in my presence and that the information provided on this form and on the label is correct. Also, I consent to the analysis of the specimen accompanying this form by the laboratory and to the release by the laboratory of the results of the analysis as well as the information recorded on this form to the organization and/or individual listed on this form.

Donor's Signature or Initials

Rad R. [Signature]



Apply ►
Barcode
vertically
on bottle

USE SECOND SEAL AND
BARCODE FOR BLOOD
OR SPLIT SAMPLE.



COLLECTOR'S SIGNATURE

PLACE
OVER CAP
OF
SPECIMEN

SPECIMEN NO. **0004629538**

S

DONOR'S SIGNATURE OR INITIALS

Shipper

Airbill #

Date Shipped

12/27/91

Ship
Specimen
To

**PharmChem Laboratories, Inc.
1505-A O'Brien Drive
Menlo Park, CA 94025-1435**

INSTRUCTIONS TO COLLECTOR

- Complete all unshaded areas of form.
- Affix tamperproof seal and barcode as illustrated.
- Ask donor to sign Donor Certification and Consent and initial/sign tamperproof seal.
- Place specimen and laboratory copy of Chain of Custody form in shipping container.
- Keep specimen in secure storage until shipped.
- Distribute copies of Chain of Custody form as indicated on each copy.

HARMCHEM LABORATORIES, INC.
LABORATORY
505-A O'Brien Drive, Menlo Park, CA, 94025

REPORT
ABM

=====

ACCOUNT NUMBER:	100620303	BARCODE NUMBER:	004629538
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=====

END TO:	SPECIMEN ID:	
ATT: Keith A. Koenning, CUSPO	SPECIMEN ID:	
J.S. Probation Office	SPECIMEN DATE:	12/27/91
310 Lakeside West Ste 400	TEST TYPE:	
Cleveland, OH 44113	LOCATION CODE:	
	ACCESSION NUMBER:	004197820
	DATE RECEIVED:	01/03/92
Old Acct. No: FP 62C	DATE REPORTED:	01/03/92

=====

TEST METHODS AND DETECTION LEVELS

Drug or Drug Class	Initial Test		Confirmation Test	
	Method	CutOff	Method	CutOff
Amphetamines	EMIT	1000 ng/ml	GC/MS	250 ng/ml
Barbiturates	EMIT	300 ng/ml	GC	500 ng/ml
Benzodiazepines	EMIT	300 ng/ml	GC	200 ng/ml
Cocaine Metabolite	EMIT	300 ng/ml	GC	300 ng/ml
Methadone	EMIT	300 ng/ml	GC	300 ng/ml
Opiates	EMIT	300 ng/ml	GC/MS	150 ng/ml
Phencyclidine	EMIT	25 ng/ml	GC/MS	25 ng/ml
Cannabinoid 100	EMIT	100 ng/ml	HPTLC	50 ng/ml

=====

TEST RESULTS

Drug or Drug class	Test Result	Drug or Drug class	Test Result
Amphetamines		Cocaine Metabolite	
Amphetamine	negative	Benzoyllecgonine	negative
Methamphetamine	negative	Methadone	
Barbiturates		Methadone	negative
Amobarbital	negative	Opiates	
Butabarbital	negative	Codeine	negative
Butalbital	negative	Hydromorphone	negative
Pentobarbital	negative	Morphine	negative
Phenobarbital	negative	Phencyclidine	
Secobarbital	negative	Phencyclidine	negative
Benzodiazepines		Cannabinoid 100	
ACB	negative	THC Metabolite	POSITIVE
MACB	negative		

=====

COMMENTS:

* TEST RESULT *
* POSITIVE *

I certify that the specimen identified by this accession number is the same specimen that bears the specimen identification barcode number set forth above, that the specimen has been examined upon receipt, handled and analyzed in accordance with applicable requirements, and that these results are for that specimen.

Results Certified by: LING LIU

Date: 01/03/92



LABORATORIES, INC.

1505-A O'Brien Drive, Menlo Park, CA 94025

CHAIN OF CUSTODY FOR DRUG ANALYSIS

FED PROBATION

Specimen No.

0004629542

Results Name and Address

Keith A. Koenning, Chief Prob. Off
Federal Probation Office

668 Euclid Avenue #605
Cleveland, OH 44114

Employer's Name and Address

Federal Probation

Account No.

100620303

Collection Site and Address

ABM

ALL: 01

CLEVELAND

Special Tests Requested

THC



Location Code:

Reason For Test (Check One)

☐ 01 Preemployment

☒ 02 Random

☐ 03 Accident

☐ 04 Medical

☐ 05 Cause

☐ 06 Other Specify: _____

Specimen Type

☒ Urine

☐ Blood

☒ Urine and Blood

Split Sample (Collect only if required by Client)

☐ Yes

☒ No

Specimen Identification (This information will appear only on plies 1,3.)

Ladd

Date Collected

12/31/91

Specimen Identification (This information will appear on all copies.)

Social Security #

279-68-5742

Remarks Concerning Collection

Temperature

COLLECTOR CERTIFICATION: I certify that the specimen identified on this form is the specimen presented to me by the donor providing the certification below, that it bears the same identification number as set forth above and that it has been collected, labeled and sealed in accordance with the instructions provided.

Collector's Signature

Jeffrey A. Dragovich

DONOR CERTIFICATION AND CONSENT: I certify that the specimen accompanying this form is my own and that I provided it to the collector. Further, I certify that the specimen container was sealed with a tamperproof seal in my presence and that the information provided on this form and on the label is correct. Also, I consent to the analysis of the specimen accompanying this form by the laboratory and to the release by the laboratory of the results of the analysis as well as the information recorded on this form to the organization and/or individual listed on this form.

Donor's Signature or Initials

Donal R. Hadad



Apply ►
Barcode
vertically
on bottle

USE SECOND SEAL AND
BARCODE FOR BLOOD
OR SPLIT SAMPLE.



COLLECTOR'S SIGNATURE

PLACE
OVER CAP
OF
SPECIMEN

SPECIMEN NO. 0004629542

S

DONOR'S SIGNATURE OR INITIALS

Shipper

Airbill #

Date Shipped

Ship
Specimen
To

PharmChem Laboratories, Inc.
1505-A O'Brien Drive
Menlo Park, CA 94025-1435

INSTRUCTIONS TO COLLECTOR

- Complete all unshaded areas of form.
- Affix tamperproof seal and barcode as illustrated.
- Ask donor to sign Donor Certification and Consent and initial/sign tamperproof seal.
- Place specimen and laboratory copy of Chain of Custody form in shipping container.
- Keep specimen in secure storage until shipped.
- Distribute copies of Chain of Custody form as indicated on each copy.

PLY 1

APM CHEM LABORATORIES, INC.
LABORATORY
05-A O'Brien Drive, Menlo Park, CA, 94025

REPORT

COUNT NUMBER: 100620303 BARCODE NUMBER: 004629542

ND TO: SPECIMEN ID:
TT: Keith A. Koenning, CUSPO SPECIMEN ID:
.S. Probation Office SPECIMEN DATE: 12/31/91
10 Lakeside West Ste 400 TEST TYPE:
leveland, OH 44113 LOCATION CODE:

ACCESSION NUMBER: 004210999
DATE RECEIVED: 01/06/92
DATE REPORTED: 01/09/92

ld Acct. No: FP 62C

TEST METHODS AND DETECTION LEVELS				
Drug or Drug Class	Initial Test		Confirmation Test	
	Method	CutOff	Method	CutOff
Amphetamines	EMIT	1000 ng/ml	GC/MS	250 ng/ml
Barbiturates	EMIT	300 ng/ml	GC	500 ng/ml
Benzodiazepines	EMIT	300 ng/ml	GC	200 ng/ml
Cocaine Metabolite	EMIT	300 ng/ml	GC	300 ng/ml
Methadone	EMIT	300 ng/ml	GC	300 ng/ml
Opiates	EMIT	300 ng/ml	GC/MS	150 ng/ml
Phencyclidine	EMIT	25 ng/ml	GC/MS	25 ng/ml
Cannabinoid 100	EMIT	100 ng/ml	HPTLC	50 ng/ml

TEST RESULTS			
Drug or Drug class	Test Result	Drug or Drug class	Test Result
Amphetamines		Cocaine Metabolite	
Amphetamine	negative	Benzoyllecgonine	negative
Methamphetamine	negative	Methadone	
Barbiturates		Methadone	negative
Amobarbital	negative	Opiates	
Butabarbital	negative	Codeine	negative
Butalbital	negative	Hydromorphone	negative
Pentobarbital	negative	Morphine	negative
Phenobarbital	negative	Phencyclidine	
Secobarbital	negative	Phencyclidine	negative
Benzodiazepines		Cannabinoid 100	
ACB	negative	THC Metabolite	POSITIVE
MACB	negative		

OMMENTS:

* TEST RESULT *
* POSITIVE *

I certify that the specimen identified by this accession number is the same specimen that bears the specimen identification barcode number set forth above, and the specimen has been examined upon receipt, handled and analyzed in accordance with applicable requirements, and that these results are for that specimen.

Results Certified by: SUZANNE SAMPSON Date: 01/09/92



LABORATORIES, INC.

O'Brien Drive, Menlo Park, CA 94025

CHAIN OF CUSTODY FOR DRUG ANALYSIS

FED PROBATION

Specimen No.

0004629549

Results Name and Address

Keith A. Koenning, Chief Prob. Off
Federal Probation Office

668 Euclid Avenue #605
Cleveland, OH 44114

Employer's Name and Address

Federal Probation

Account No.

100620303

Collection Site and Address

ABM

Special Tests Requested

THC



Location Code:

Reason For Test (Check One)

☐ 01 Preemployment ☒ 02 Random ☐ 03 Accident ☐ 04 Medical ☐ 05 Cause ☐ 06 Other Specify: _____

Specimen Type

☒ Urine ☐ Blood ☐ Urine and Blood

Split Sample (Collect only if required by Client)

☐ Yes ☒ No

Specimen Identification (This information will appear only on plies 1,3.)

Ladd

Date Collected

1/3/92

Specimen Identification (This information will appear on all copies.)

Social Security #

279-68-5742

Remarks Concerning Collection

Temperature

COLLECTOR CERTIFICATION: I certify that the specimen identified on this form is the specimen presented to me by the donor providing the certification below, that it bears the same identification number as set forth above and that it has been collected, labeled and sealed in accordance with the instructions provided.

Collector's Signature

Jeffrey A. Dragovich

DONOR CERTIFICATION AND CONSENT: I certify that the specimen accompanying this form is my own and that I provided it to the collector. Further, I certify that the specimen container was sealed with a tamperproof seal in my presence and that the information provided on this form and on the label is correct. Also, I consent to the analysis of the specimen accompanying this form by the laboratory and to the release by the laboratory of the results of the analysis as well as the information recorded on this form to the organization and/or individual listed on this form.

Donor's Signature or Initials

Rachel P. Kadd



Apply ►
Barcode
vertically
on bottle

USE SECOND SEAL AND
BARCODE FOR BLOOD
OR SPLIT SAMPLE.



COLLECTOR'S SIGNATURE

PLACE
OVER CAP
OF
SPECIMEN

SPECIMEN NO. 0004629549

S

DONOR'S SIGNATURE OR INITIALS

Shipper

Airbill #

Date Shipped

Ship
Specimen
To

PharmChem Laboratories, Inc.
1505-A O'Brien Drive
Menlo Park, CA 94025-1435

INSTRUCTIONS TO COLLECTOR

- Complete all unshaded areas of form.
- Affix tamperproof seal and barcode as illustrated.
- Ask donor to sign Donor Certification and Consent and initial/sign tamperproof seal.
- Place specimen and laboratory copy of Chain of Custody form in shipping container.

REPORT

ND TO:	SPECIMEN ID:	
PT: Keith A. Koenning, CUSPO	SPECIMEN ID:	
.S. Probation Office	SPECIMEN DATE:	01/03/92
10 Lakeside West Ste 400	TEST TYPE:	
Cleveland, OH 44113	LOCATION CODE:	
	ACCESSION NUMBER:	004215692
	DATE RECEIVED:	01/06/92
Id Acct. No: FP 62C	DATE REPORTED:	01/08/92

Drug or Drug Class	Initial Test Method	CutOff	Confirmation Test Method	CutOff
Amphetamines	EMIT	1000 ng/ml	GC/MS	250 ng/ml
Barbiturates	EMIT	300 ng/ml	GC	500 ng/ml
Benzodiazepines	EMIT	300 ng/ml	GC	200 ng/ml
Cocaine Metabolite	EMIT	300 ng/ml	GC	300 ng/ml
Methadone	EMIT	300 ng/ml	GC	300 ng/ml
Opiates	EMIT	300 ng/ml	GC/MS	150 ng/ml
Phencyclidine	EMIT	25 ng/ml	GC/MS	25 ng/ml
Cannabinoid 100	EMIT	100 ng/ml	HPTLC	50 ng/ml

Drug or Drug class	Test Result	Drug or Drug class	Test Result
Amphetamines		Cocaine Metabolite	
Amphetamine	negative	Benzoylcegonine	negative
Methamphetamine	negative	Methadone	
Barbiturates		Methadone	negative
Amobarbital	negative	Opiates	
Butabarbital	negative	Codeine	negative
Butalbital	negative	Hydromorphone	negative
Pentobarbital	negative	Morphine	negative
Phenobarbital	negative	Phencyclidine	
Secobarbital	negative	Phencyclidine	negative
Benzodiazepines		Cannabinoid 100	
ACB	negative	THC Metabolite	POSITIVE
MACB	negative		

* TEST RESULT *
* POSITIVE *

Date: 01/08/92



1505-A O'Brien Drive, Menlo Park, CA 94025

CHAIN OF CUSTODY FOR DRUG ANALYSIS

FED PROBATION

Specimen No.

0004629560

Results Name and Address

Keith A. Koening, Chief Prob. Off
Federal Probation Office

668 Euclid Avenue #605
Cleveland, OH 44114

Employer's Name and Address

Federal Probation

Account No.

100620303

Collection Site and Address

ARM

Special Tests Requested

THC



Location Code:

Reason For Test (Check One)

☐ 01 Preemployment ☒ 02 Random ☐ 03 Post ☐ 04 Periodic ☐ 05 Reasonable ☐ 06 Other

Specimen Type

☒ Urine ☐ Blood ☐ Urine and Blood

Split Sample (Collect only if required by Client)

☐ Yes ☒ No

Specimen Identification (This information will appear only on plies 1,3.)

Ladd

Date Collected

1/10/92

Specimen Identification (This information will appear on all copies.)

Social Security #

279-68-5742

Remarks Concerning Collection

Temperature

COLLECTOR CERTIFICATION: I certify that the specimen identified on this form is the specimen presented to me by the donor providing the certification below, that it bears the same identification number as set forth above and that it has been collected, labeled and sealed in accordance with the instructions provided.

Collector's Signature

Jeffrey A. Dragovich

DONOR CERTIFICATION AND CONSENT: I certify that the specimen accompanying this form is my own and that I provided it to the collector. Further, I certify that the specimen container was sealed with a tamperproof seal in my presence and that the information provided on this form and on the label is correct. Also, I consent to the analysis of the specimen accompanying this form by the laboratory and to the release by the laboratory of the results of the analysis as well as the information recorded on this form to the organization and/or individual listed on this form.

Donor's Signature or Initials

Paul R.hardt



Apply ►
Barcode
vertically
on bottle

USE SECOND SEAL AND
BARCODE FOR BLOOD
OR SPLIT SAMPLE.



PLACE
OVER CAP
OF
SPECIMEN

SPECIMEN NO. 0004629560

S

COLLECTOR'S SIGNATURE

DONOR'S SIGNATURE OR INITIALS

Shipper

Airbill #

Date Shipped

Ship
Specimen
To

PharmChem Laboratories, Inc.
1505-A O'Brien Drive
Menlo Park, CA 94025-1435

INSTRUCTIONS TO COLLECTOR

- Complete all unshaded areas of form.
- Affix tamperproof seal and barcode as illustrated.
- Ask donor to sign Donor Certification and Consent and initial/sign tamperproof seal.
- Place specimen and laboratory copy of Chain of Custody form in shipping container.

Keep specimen in secure storage until shipped.

Distribute copies of Chain of Custody form as indicated on each copy.

PLY 1

RM CHEM LABORATORIES, INC.
ORATORY
5-A O'Brien Drive, Menlo Park, CA, 94025

REPORT

OUNT NUMBER: 100620303 BARCODE NUMBER: 004629560

ID TO: SPECIMEN ID:
T: Keith A. Koenning, CUSPO SPECIMEN ID:
S. Probation Office SPECIMEN DATE: 01/10/92
0 Lakeside West Ste 400
eveland, OH 44113 TEST TYPE:
LOCATION CODE:

Accession Number: 004257641
DATE RECEIVED: 01/14/92
DATE REPORTED: 01/17/92
d Acct. No: FP 62C

TEST METHODS AND DETECTION LEVELS

Drug or Drug Class	Initial Test		Confirmation Test	
	Method	CutOff	Method	CutOff
Amphetamines	EMIT	1000 ng/ml	GC/MS	250 ng/ml
Barbiturates	EMIT	300 ng/ml	GC	500 ng/ml
Benzodiazepines	EMIT	300 ng/ml	GC	200 ng/ml
Cocaine Metabolite	EMIT	300 ng/ml	GC	300 ng/ml
Methadone	EMIT	300 ng/ml	GC	300 ng/ml
Opiates	EMIT	300 ng/ml	GC/MS	150 ng/ml
Phencyclidine	EMIT	25 ng/ml	GC/MS	25 ng/ml
Cannabinoid 100	EMIT	100 ng/ml	HPTLC	50 ng/ml

TEST RESULTS

Drug or Drug class	Test Result	Drug or Drug class	Test Result
Amphetamines		Cocaine Metabolite	
Amphetamine	negative	Benzoylecgonine	negative
Methamphetamine	negative	Methadone	
Barbiturates		Methadone	negative
Amobarbital	negative	Opiates	
Butabarbital	negative	Codeine	negative
Butalbital	negative	Hydromorphone	negative
Pentobarbital	negative	Morphine	negative
Phenobarbital	negative	Phencyclidine	
Secobarbital	negative	Phencyclidine	negative
Benzodiazepines		Cannabinoid 100	
ACB	negative	THC Metabolite	POSITIVE
MACB	negative		

OMMENTS:

* TEST RESULT *
* POSITIVE *

I certify that the specimen identified by this accession number is the same specimen that bears the specimen identification barcode number set forth above, at the specimen has been examined upon receipt, handled and analyzed in accordance with applicable requirements, and that these results are for that specimen.

sults Certified by: MIKE MCMANAMON

Date: 01/17/92



LABORATORIES, INC.

1505-A O'Brien Drive, Menlo Park, CA 94025

CHAIN OF CUSTODY FOR DRUG ANALYSIS

FED PROBATION

Specimen No. 0004930428

Results Name and Address

Keith A. Koenning, Chief Prob. Off
Federal Probation Office

668 Euclid Avenue #605
Cleveland, OH 44114

Employer's Name and Address

Federal Probation

Account No.

100620101

Collection Site and Address

Team II

Special Tests Requested

-THC



Location Code:

Reason For Test (Check One)

☐ 01 Preemployment

☒ 02 Random

☐ 03 Accident

☐ 04 Medical

☐ 05 Cause

☐ 06 Other

Specimen Type

☐ Urine

☐ Blood

☐ Urine and Blood

Split Sample (Collect only if required by Client)

☐ Yes

☐ No

Specimen Identification (This information will appear only on plies 1,3.)

LADD, David

Date Collected

1-13-92

Specimen Identification (This information will appear on all copies.)

Social Security #

Remarks Concerning Collection

Temperature

COLLECTOR CERTIFICATION: I certify that the specimen identified on this form is the specimen presented to me by the donor providing the certification below, that it bears the same identification number as set forth above and that it has been collected, labeled and sealed in accordance with the instructions provided.

Collector's Signature

DONOR COMPLETES

DONOR CERTIFICATION AND CONSENT: I certify that the specimen accompanying this form is my own and that I provided it to the collector. Further, I certify that the specimen container was sealed with a tamperproof seal in my presence and that the information provided on this form and on the label is correct. Also, I consent to the analysis of the specimen accompanying this form by the laboratory and to the release by the laboratory of the results of the analysis as well as the information recorded on this form to the organization and/or individual listed on this form.

Donor's Signature or Initials



Apply ►
Barcode
vertically
on bottle

COLLECTOR'S SIGNATURE

(PLACE OVER
CAP OF
SPECIMEN)

SPECIMEN NO. 0004930428

DONOR'S SIGNATURE OR INITIALS
PharmChem Laboratories, Inc.

USE SECOND SEAL AND
BARCODE FOR BLOOD
OR SPLIT SAMPLE.

Shipper

Airbill #

Date Shipped

Ship
Specimen
To

PharmChem Laboratories, Inc.
1505-A O'Brien Drive
Menlo Park, CA 94025-1435

INSTRUCTIONS TO COLLECTOR

- Complete all unshaded areas of form.
- Affix tamperproof seal and barcode as illustrated.
- Ask donor to sign Donor Certification and Consent and initial/sign tamperproof seal.
- Place specimen and laboratory copy of Chain of Custody form in shipping container.
- Keep specimen in secure storage until shipped.
- Distribute copies of Chain of Custody form as indicated on each copy.

PLY 1

ARMCHEM LABORATORIES, INC.
 LABORATORY
 15-A O'Brien Drive, Menlo Park, CA, 94025

REPORT

=====

OUNT NUMBER:	100620101	BARCODE NUMBER:	004930428
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=====

ID TO:	SPECIMEN ID:	
NT: Keith A. Koenning, CUSPO	SPECIMEN ID:	
S. Probation Office	SPECIMEN DATE:	01/13/92
0 Lakeside West Ste 400	TEST TYPE:	
Cleveland, OH 44113	LOCATION CODE:	
	ACCESSION NUMBER:	004282830
	DATE RECEIVED:	01/18/92
d Acct. No: FP 62A	DATE REPORTED:	01/22/92

=====

TEST METHODS AND DETECTION LEVELS

Drug or Drug Class	Initial Test		Confirmation Test	
	Method	CutOff	Method	CutOff
Amphetamines	EMIT	1000 ng/ml	GC/MS	250 ng/ml
Barbiturates	EMIT	300 ng/ml	GC	500 ng/ml
Benzodiazepines	EMIT	300 ng/ml	GC	200 ng/ml
Cocaine Metabolite	EMIT	300 ng/ml	GC	300 ng/ml
Methadone	EMIT	300 ng/ml	GC	300 ng/ml
Opiates	EMIT	300 ng/ml	GC/MS	150 ng/ml
Phencyclidine	EMIT	25 ng/ml	GC/MS	25 ng/ml
Cannabinoid 100	EMIT	100 ng/ml	HPTLC	50 ng/ml

=====

TEST RESULTS

Drug or Drug class	Test Result	Drug or Drug class	Test Result
Amphetamines		Cocaine Metabolite	
Amphetamine	negative	Benzoylecgonine	negative
Methamphetamine	negative	Methadone	
Barbiturates		Methadone	negative
Amobarbital	negative	Opiates	
Butabarbital	negative	Codeine	negative
Butalbital	negative	Hydromorphone	negative
Pentobarbital	negative	Morphine	negative
Phenobarbital	negative	Phencyclidine	
Secobarbital	negative	Phencyclidine	negative
Benzodiazepines		Cannabinoid 100	
ACB	negative	THC Metabolite	POSITIVE
MACB	negative		

COMMENTS:

 * TEST RESULT *
 * POSITIVE *

I certify that the specimen identified by this accession number is the same specimen that bears the specimen identification barcode number set forth above, that the specimen has been examined upon receipt, handled and analyzed in accordance with applicable requirements, and that these results are for that specimen.

Results Certified by: LING LIU Date: 01/22/92



LABORATORIES, INC.

1505-A O'Brien Drive, Menlo Park, CA 94025

CHAIN OF CUSTODY FOR DRUG ANALYSIS

FED PROBATION

Specimen No. 0004929419

Results Name and Address

Keith A. Koenning, Chief Prob. Off
Federal Probation Office

668 Euclid Avenue #605
Cleveland, OH 44114

02 JAN 21 P1: 21
ST

Employer's Name and Address

Federal Probation

Account No. 100620101

Collection Site and Address

ABM

Special Tests Requested

THC



Location Code:

Reason For Test (Check One)

☐ 01 Preemployment ☒ 02 Random ☐ 03 Accident ☐ 04 Medical ☐ 05 Cause ☐ 06 Specify: _____

Specimen Type

☒ Urine ☐ Blood ☐ Urine and Blood

Split Sample (Collect only if required by Client)

☐ Yes ☒ No

Specimen Identification (This information will appear only on plies 1,3.)

Ladd

Date Collected

1/14/92

Specimen Identification (This information will appear on all copies.)

Social Security #

279-68-5742

Remarks Concerning Collection

Temperature

COLLECTOR CERTIFICATION: I certify that the specimen identified on this form is the specimen presented to me by the donor providing the certification below, that it bears the same identification number as set forth above and that it has been collected, labeled and sealed in accordance with the instructions provided.

Collector's Signature

Effrey A. Dragovich

DONOR CERTIFICATION AND CONSENT: I certify that the specimen accompanying this form is my own and that I provided it to the collector. Further, I certify that the specimen container was sealed with a tamperproof seal in my presence and that the information provided on this form and on the label is correct. Also, I consent to the analysis of the specimen accompanying this form by the laboratory and to the release by the laboratory of the results of the analysis as well as the information recorded on this form to the organization and/or individual listed on this form.

Donor's Signature or Initials

Carl R. Ladd



Apply ►
Barcode
vertically
on bottle



0004929419

TOP
BOTTOM
S

USE SECOND SEAL AND
BARCODE FOR BLOOD
OR SPLIT SAMPLE.

COLLECTOR'S SIGNATURE



SPECIMEN NO. 0004929419

S

DONOR'S SIGNATURE OR INITIALS

Shipper

Airbill #

Date Shipped

Ship
Specimen
To

PharmChem Laboratories, Inc.
1505-A O'Brien Drive
Menlo Park, CA 94025-1435

INSTRUCTIONS TO COLLECTOR

- Complete all unshaded areas of form.
- Affix tamperproof seal and barcode as illustrated.
- Ask donor to sign Donor Certification and Consent and initial/sign tamperproof seal.
- Place specimen and laboratory copy of Chain of Custody form in shipping container.
- Keep specimen in secure storage until shipped.
- Distribute copies of Chain of Custody form as indicated on each copy.

ARMCHEM LABORATORIES, INC.
 3000 BAYVIEW AVENUE
 15-A O'Brien Drive, Menlo Park, CA, 94025

REPORT

=====

OUNT NUMBER:	100620101	BARCODE NUMBER:	004929419
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ID TO:	SPECIMEN ID:
NT: Keith A. Koenning, CUSPO	SPECIMEN ID:
S. Probation Office	SPECIMEN DATE:
10 Lakeside West Ste 400	TEST TYPE:
Cleveland, OH 44113	LOCATION CODE:

	ACCESSION NUMBER:	004282142
	DATE RECEIVED:	01/17/92
Id Acct. No: FP 62A	DATE REPORTED:	01/22/92

=====

TEST METHODS AND DETECTION LEVELS

Drug or Drug Class	Initial Test		Confirmation Test	
	Method	CutOff	Method	CutOff
Amphetamines	EMIT	1000 ng/ml	GC/MS	250 ng/ml
Barbiturates	EMIT	300 ng/ml	GC	500 ng/ml
Benzodiazepines	EMIT	300 ng/ml	GC	200 ng/ml
Cocaine Metabolite	EMIT	300 ng/ml	GC	300 ng/ml
Methadone	EMIT	300 ng/ml	GC	300 ng/ml
Opiates	EMIT	300 ng/ml	GC/MS	150 ng/ml
Phencyclidine	EMIT	25 ng/ml	GC/MS	25 ng/ml
Cannabinoid 100	EMIT	100 ng/ml	HPTLC	50 ng/ml

=====

TEST RESULTS

Drug or Drug class	Test Result	Drug or Drug class	Test Result
Amphetamines		Cocaine Metabolite	
Amphetamine	negative	Benzoyllecgonine	negative
Methamphetamine	negative	Methadone	
Barbiturates		Methadone	negative
Amobarbital	negative	Opiates	
Butabarbital	negative	Codeine	negative
Butalbital	negative	Hydromorphone	negative
Pentobarbital	negative	Morphine	negative
Phenobarbital	negative	Phencyclidine	
Secobarbital	negative	Phencyclidine	negative
Benzodiazepines		Cannabinoid 100	
ACB	negative	THC Metabolite	POSITIVE
MACB	negative		

COMMENTS:

 * TEST RESULT *
 * POSITIVE *

I certify that the specimen identified by this accession number is the same specimen that bears the specimen identification barcode number set forth above, that the specimen has been examined upon receipt, handled and analyzed in accordance with applicable requirements, and that these results are for that specimen.

Results Certified by: LING LIU

Date: 01/22/92



1505-A O'Brien Drive, Menlo Park, CA 94025

CHAIN OF CUSTODY FOR DRUG ANALYSIS

FED PROBATION

Specimen No. **0004929424**

Results Name and Address

Keith A. Koenning, Chief Prob. Off
Federal Probation Office

668 Euclid Avenue #605
Cleveland, OH 44114

Employer's Name and Address

Federal Probation

24

Account No.

100620101

Collection Site and Address

ABM

Special Tests Requested

THC



Location Code:

COLLECTOR COMPLETES

Reason For Test (Check One)

☐ 01 Preemployment ☒ 02 Random ☐ 03 Accident ☐ 04 Medical ☐ 05 Cause ☐ 06 Other Specify: _____

Specimen Type

☒ Urine ☐ Blood ☐ Urine and Blood

Split Sample (Collect only if required by Client)

☐ Yes ☒ No

Specimen Identification (This information will appear only on plies 1,3.)

Ladd

Date Collected

1/17/92

Specimen Identification (This information will appear on all copies.)

Social Security #

279-68-5742

Remarks Concerning Collection

Temperature

COLLECTOR CERTIFICATION: I certify that the specimen identified on this form is the specimen presented to me by the donor providing the certification below, that it bears the same identification number as set forth above and that it has been collected, labeled and sealed in accordance with the instructions provided.

Collector's Signature

DONOR COMPLETES

DONOR CERTIFICATION AND CONSENT: I certify that the specimen accompanying this form is my own and that I provided it to the collector. Further, I certify that the specimen container was sealed with a tamperproof seal in my presence and that the information provided on this form and on the label is correct. Also, I consent to the analysis of the specimen accompanying this form by the laboratory and to the release by the laboratory of the results of the analysis as well as the information recorded on this form to the organization and/or individual listed on this form.

Donor's Signature or Initials



Apply ►
Barcode
vertically
on bottle

COLLECTOR'S SIGNATURE



SPECIMEN NO. **0004929424** **S**

DONOR'S SIGNATURE OR INITIALS

USE SECOND SEAL AND
BARCODE FOR BLOOD
OR SPLIT SAMPLE.

Shipper JD	Airbill #	Date Shipped 1/17/92	Ship Specimen To PharmChem Laboratories, Inc. 1505-A O'Brien Drive Menlo Park, CA 94025-1435
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INSTRUCTIONS TO COLLECTOR

- Complete all unshaded areas of form.
- Affix tamperproof seal and barcode as illustrated.
- Ask donor to sign Donor Certification and Consent and initial/sign tamperproof seal.
- Place specimen and laboratory copy of Chain of Custody form in shipping container.
- Keep specimen in secure storage until shipped.
- Distribute copies of Chain of Custody form as indicated on each copy.

RM/CHEM LABORATORIES, INC.
ORATORY

5-A O'Brien Drive, Menlo Park, CA, 94025

ABM

REPORT

=====

OUNT NUMBER:	100620101	BARCODE NUMBER:	004929424
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ID TO:	SPECIMEN ID:
T: Keith A. Koenning, CUSPO	SPECIMEN ID:
S. Probation Office	SPECIMEN DATE: 01/17/92
0 Lakeside West Ste 400	TEST TYPE:
Cleveland, OH 44113	LOCATION CODE:
	ACCESSION NUMBER: 004300590
	DATE RECEIVED: 01/22/92
d Acct. No: FP 62A	DATE REPORTED: 01/24/92

=====

TEST METHODS AND DETECTION LEVELS

Drug or Drug Class	Initial Test Method	CutOff	Confirmation Test Method	CutOff
Amphetamines	EMIT	1000 ng/ml	GC/MS	250 ng/ml
Barbiturates	EMIT	300 ng/ml	GC	500 ng/ml
Benzodiazepines	EMIT	300 ng/ml	GC	200 ng/ml
Cocaine Metabolite	EMIT	300 ng/ml	GC	300 ng/ml
Methadone	EMIT	300 ng/ml	GC	300 ng/ml
Opiates	EMIT	300 ng/ml	GC/MS	150 ng/ml
Phencyclidine	EMIT	25 ng/ml	GC/MS	25 ng/ml
Cannabinoid 100	EMIT	100 ng/ml	HPTLC	50 ng/ml

=====

TEST RESULTS

Drug or Drug class	Test Result	Drug or Drug class	Test Result
Amphetamines		Cocaine Metabolite	
Amphetamine	negative	Benzoyllecgonine	negative
Methamphetamine	negative	Methadone	
Barbiturates		Methadone	negative
Amobarbital	negative	Opiates	
Butabarbital	negative	Codeine	negative
Butalbital	negative	Hydromorphone	negative
Pentobarbital	negative	Morphine	negative
Phenobarbital	negative	Phencyclidine	
Secobarbital	negative	Phencyclidine	negative
Benzodiazepines		Cannabinoid 100	
ACB	negative	THC Metabolite	POSITIVE
MACB	negative		

OMMENTS:

* TEST RESULT *
* POSITIVE *

I certify that the specimen identified by this accession number is the same specimen that bears the specimen identification barcode number set forth above, that the specimen has been examined upon receipt, handled and analyzed in accordance with applicable requirements, and that these results are for that specimen.

Results Certified by: LING LIU

Date: 01/24/92



LABORATORIES, INC.

1505-A O'Brien Drive, Menlo Park, CA 94025

CHAIN OF CUSTODY FOR DRUG ANALYSIS

FED PROBATION

Specimen No. 0004929427

Results Name and Address

Keith A. Koenning, Chief Prob. Off
Federal Probation Office

668 Euclid Avenue #605
Cleveland, OH 44114

Employer's Name and Address

Federal Probation

Account No.

100620101

Collection Site and Address

ABM

Special Tests Requested

THC



Location Code:

Reason For Test (Check One)

☐ 01 Preemployment ☒ 02 Random ☐ 03 Accident ☐ 04 Periodic Medical ☐ 05 Reasonable Cause ☐ 06 Other Specify: _____

Specimen Type

☒ Urine ☐ Blood ☐ Urine and Blood

Split Sample (Collect only if required by Client)

☐ Yes ☒ No

Specimen Identification (This information will appear only on plies 1,3.)

Ladd

Date Collected

1/21/92

Specimen Identification (This information will appear on all copies.)

Social Security #

279-68-5742

Remarks Concerning Collection

Temperature

COLLECTOR CERTIFICATION: I certify that the specimen identified on this form is the specimen presented to me by the donor providing the certification below, that it bears the same identification number as set forth above and that it has been collected, labeled and sealed in accordance with the instructions provided.

Collector's Signature

Henry A. Dragovich

DONOR CERTIFICATION AND CONSENT: I certify that the specimen accompanying this form is my own and that I provided it to the collector. Further, I certify that the specimen container was sealed with a tamperproof seal in my presence and that the information provided on this form and on the label is correct. Also, I consent to the analysis of the specimen accompanying this form by the laboratory and to the release by the laboratory of the results of the analysis as well as the information recorded on this form to the organization and/or individual listed on this form.

Donor's Signature or Initials

W. R. Phelan



Apply ►
Barcode
vertically
on bottle



USE SECOND SEAL AND
BARCODE FOR BLOOD
OR SPLIT SAMPLE.

COLLECTOR'S SIGNATURE



SPECIMEN NO. 0004929427

S

DONOR'S SIGNATURE OR INITIALS

Shipper

Airbill #

Date Shipped

Ship
Specimen
To

PharmChem Laboratories, Inc.
1505-A O'Brien Drive
Menlo Park, CA 94025-1435

INSTRUCTIONS TO COLLECTOR

- Complete all unshaded areas of form.
- Affix tamperproof seal and barcode as illustrated.
- Ask donor to sign Donor Certification and Consent and initial/sign tamperproof seal.
- Place specimen and laboratory copy of Chain of Custody form in shipping container.
- Keep specimen in secure storage until shipped.
- Distribute copies of Chain of Custody form as indicated on each copy.

PLY 1

ARMCHEM LABORATORIES, INC.

LABORATORY

05-A O'Brien Drive, Menlo Park, CA, 94025

REPORT

COUNT NUMBER: 100620101 BARCODE NUMBER: 004929427

ND TO: SPECIMEN ID:
 TT: Keith A. Koenning, CUSPO SPECIMEN ID:
 .S. Probation Office SPECIMEN DATE: 01/21/92
 10 Lakeside West Ste 400 TEST TYPE:
 leveland, OH 44113 LOCATION CODE:

ACCESSION NUMBER: 004319558
 DATE RECEIVED: 01/25/92
 DATE REPORTED: 01/28/92

Old Acct. No: FP 62A

TEST METHODS AND DETECTION LEVELS

Drug or Drug Class	Initial Test		Confirmation Test	
	Method	CutOff	Method	CutOff
Amphetamines	EMIT	1000 ng/ml	GC/MS	250 ng/ml
Barbiturates	EMIT	300 ng/ml	GC	500 ng/ml
Benzodiazepines	EMIT	300 ng/ml	GC	200 ng/ml
Cocaine Metabolite	EMIT	300 ng/ml	GC	300 ng/ml
Methadone	EMIT	300 ng/ml	GC	300 ng/ml
Opiates	EMIT	300 ng/ml	GC/MS	150 ng/ml
Phencyclidine	EMIT	25 ng/ml	GC/MS	25 ng/ml
Cannabinoid 100	EMIT	100 ng/ml	HPTLC	50 ng/ml

TEST RESULTS

Drug or Drug class	Test Result	Drug or Drug class	Test Result
Amphetamines		Cocaine Metabolite	
Amphetamine	negative	Benzoylecgonine	negative
Methamphetamine	negative	Methadone	
Barbiturates		Methadone	negative
Amobarbital	negative	Opiates	
Butabarbital	negative	Codeine	negative
Butalbital	negative	Hydromorphone	negative
Pentobarbital	negative	Morphine	negative
Phenobarbital	negative	Phencyclidine	
Secobarbital	negative	Phencyclidine	negative
Benzodiazepines		Cannabinoid 100	
ACB	negative	THC Metabolite	POSITIVE
MACB	negative		

COMMENTS:

 * TEST RESULT *
 * POSITIVE *

I certify that the specimen identified by this accession number is the same specimen that bears the specimen identification barcode number set forth above, that the specimen has been examined upon receipt, handled and analyzed in accordance with applicable requirements, and that these results are for that specimen.

Results Certified by: SUZANNE SAMPSON

Date: 01/28/92



1505-A O'Brien Drive, Menlo Park, CA 94025

CHAIN OF CUSTODY FOR DRUG ANALYSIS

FEDERATION

Specimen No. 0004929434

Results Name and Address

Keith A. Koenning, Chief Prob. Off
Federal Probation Office

668 Euclid Avenue #605
Cleveland, OH 44114

Employer's Name and Address

Federal Probation

Account No.

100620101

Collection Site and Address

ABM

Special Tests Requested

THC



Location Code:

Reason For Test (Check One)

☐ 01 Preemployment ☒ 02 Random ☐ 03 Accident ☐ 04 Periodic Medical ☐ 05 Reasonable Cause ☐ 06 Other Specify: _____

Specimen Type

☒ Urine ☐ Blood ☐ Urine and Blood

Split Sample (Collect only if required by Client)

☐ Yes ☒ No

Specimen Identification (This information will appear only on plies 1,3.)

Ladd

Date Collected

1/24/92

Specimen Identification (This information will appear on all copies.)

Social Security #

279-68-5742

Remarks Concerning Collection

Temperature

COLLECTOR CERTIFICATION: I certify that the specimen identified on this form is the specimen presented to me by the donor providing the certification below, that it bears the same identification number as set forth above and that it has been collected, labeled and sealed in accordance with the instructions provided.

Collector's Signature

Jeffrey A. Dragovich

DONOR CERTIFICATION AND CONSENT: I certify that the specimen accompanying this form is my own and that I provided it to the collector. Further, I certify that the specimen container was sealed with a tamperproof seal in my presence and that the information provided on this form and on the label is correct. Also, I consent to the analysis of the specimen accompanying this form by the laboratory and to the release by the laboratory of the results of the analysis as well as the information recorded on this form to the organization and/or individual listed on this form.

Donor's Signature or Initials

Donor's Signature



Apply ►
Barcode
vertically
on bottle

USE SECOND SEAL AND
BARCODE FOR BLOOD
OR SPLIT SAMPLE.

COLLECTOR'S SIGNATURE

PLACE
OVER CAP
OF
SPECIMEN

SPECIMEN NO. 0004929434

S

DONOR'S SIGNATURE OR INITIALS

Shipper

Airbill #

Date Shipped

1/24/92

Ship
Specimen
To

PharmChem Laboratories, Inc.
1505-A O'Brien Drive
Menlo Park, CA 94025-1435

INSTRUCTIONS TO COLLECTOR

- Complete all unshaded areas of form.
- Affix tamperproof seal and barcode as illustrated.
- Ask donor to sign Donor Certification and Consent and initial/sign tamperproof seal.
- Place specimen and laboratory copy of Chain of Custody form in shipping container.
- Keep specimen in secure storage until shipped.
- Distribute copies of Chain of Custody form as indicated on each copy.

PLY 1

RMICHEM LABORATORIES, INC.
 ORATORY
 57A O'Brien Drive, Menlo Park, CA, 94025

REPORT

OUNT NUMBER: 100620101 BARCODE NUMBER: 004929434

D TO: SPECIMEN ID:
 T: Keith A. Koenning, CUSPO SPECIMEN ID:
 S. Probation Office SPECIMEN DATE: 01/24/92
 0 Lakeside West Ste 400 TEST TYPE:
 eveland, OH 44113 LOCATION CODE:

ACCESSION NUMBER: 004343950
 DATE RECEIVED: 01/29/92
 d Acct. No: FP 62A DATE REPORTED: 01/30/92

TEST METHODS AND DETECTION LEVELS

Drug or Drug Class	Initial Test		Confirmation Test	
	Method	CutOff	Method	CutOff
Amphetamines	EMIT	1000 ng/ml	GC/MS	250 ng/ml
Barbiturates	EMIT	300 ng/ml	GC	500 ng/ml
Benzodiazepines	EMIT	300 ng/ml	GC	200 ng/ml
Cocaine Metabolite	EMIT	300 ng/ml	GC	300 ng/ml
Methadone	EMIT	300 ng/ml	GC	300 ng/ml
Opiates	EMIT	300 ng/ml	GC/MS	150 ng/ml
Phencyclidine	EMIT	25 ng/ml	GC/MS	25 ng/ml
Cannabinoid 100	EMIT	100 ng/ml	HPTLC	50 ng/ml

TEST RESULTS

Drug or Drug class	Test Result	Drug or Drug class	Test Result
Amphetamines		Cocaine Metabolite	
Amphetamine	negative	Benzoylecgonine	negative
Methamphetamine	negative	Methadone	
Barbiturates		Methadone	negative
Amobarbital	negative	Opiates	
Butabarbital	negative	Codeine	negative
Butalbital	negative	Hydromorphone	negative
Pentobarbital	negative	Morphine	negative
Phenobarbital	negative	Phencyclidine	
Secobarbital	negative	Phencyclidine	negative
Benzodiazepines		Cannabinoid 100	
ACB	negative	THC Metabolite	POSITIVE
MACB	negative		

OMMENTS:

 * TEST RESULT *
 * POSITIVE *

I certify that the specimen identified by this accession number is the same specimen that bears the specimen identification barcode number set forth above, that the specimen has been examined upon receipt, handled and analyzed in accordance with applicable requirements, and that these results are for that specimen.

Results Certified by: LING LIU

Date: 01/30/92



LABORATORIES, INC.

1505-A O'Brien Drive, Menlo Park, CA 94025

CHAIN OF CUSTODY FOR DRUG ANALYSIS

FED PROBATION

Specimen No. 0004929463

Results Name and Address

Keith A. Koenning, Chief Prob. Off
Federal Probation Office

668 Euclid Avenue #605
Cleveland, OH 44114

Employer's Name and Address

Federal Probation

Account No.

100620101

Collection Site and Address

ABM

Special Tests Requested

THC



Location Code:

Reason For Test (Check One)

☐ 01 Preemployment ☒ 02 Random ☐ 03 Post Accident ☐ 04 Periodic Medical ☐ 05 Reasonable Cause ☐ 06 Other Specify: _____

Specimen Type

☒ Urine ☐ Blood ☐ Urine and Blood

Split Sample (Collect only if required by Client)

☐ Yes ☒ No

Specimen Identification (This information will appear only on plies 1,3.)

Ladd

Date Collected

2/14/92

Specimen Identification (This information will appear on all copies.)

Social Security #

279-68-5742

Remarks Concerning Collection

Temperature

COLLECTOR CERTIFICATION: I certify that the specimen identified on this form is the specimen presented to me by the donor providing the certification below, that it bears the same identification number as set forth above and that it has been collected, labeled and sealed in accordance with the instructions provided.

Collector's Signature

Jeffrey A. Shrago

DONOR CERTIFICATION AND CONSENT: I certify that the specimen accompanying this form is my own and that I provided it to the collector. Further, I certify that the specimen container was sealed with a tamperproof seal in my presence and that the information provided on this form and on the label is correct. Also, I consent to the analysis of the specimen accompanying this form by the laboratory and to the release by the laboratory of the results of the analysis as well as the information recorded on this form to the organization and/or individual listed on this form.

Donor's Signature or Initials

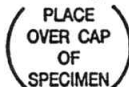
[Signature]



Apply ►
Barcode
vertically
on bottle

USE SECOND SEAL AND
BARCODE FOR BLOOD
OR SPLIT SAMPLE.

COLLECTOR'S SIGNATURE



SPECIMEN NO. 0004929463

S

DONOR'S SIGNATURE OR INITIALS

Shipper

Airbill #

Date Shipped

2/14/92

Ship
Specimen
To

PharmChem Laboratories, Inc.
1505-A O'Brien Drive
Menlo Park, CA 94025-1435

INSTRUCTIONS TO COLLECTOR

- Complete all unshaded areas of form.
- Affix tamperproof seal and barcode as illustrated.
- Ask donor to sign Donor Certification and Consent and initial/sign tamperproof seal.
- Place specimen and laboratory copy of Chain of Custody form in shipping container.
- Keep specimen in secure storage until shipped.
- Distribute copies of Chain of Custody form as indicated on each copy.

PLY 1

ARMCHEM LABORATORY, INC.
 BORATORY
 05-A O'Brien Drive, Menlo Park, CA, 94025

REPORT

=====

COUNT NUMBER:	100620101	BARCODE NUMBER:	004929463
---------------	-----------	-----------------	-----------

=====

ND TO:	SPECIMEN ID:
PT: Keith A. Koenning, CUSPO	SPECIMEN ID:
.S. Probation Office	SPECIMEN DATE:
10 Lakeside West Ste 400	TEST TYPE:
leveland, OH 44113	LOCATION CODE:
	02/14/92

	ACCESSION NUMBER:	004477909
	DATE RECEIVED:	02/22/92
ld Acct. No: FP 62A	DATE REPORTED:	02/26/92

=====

TEST METHODS AND DETECTION LEVELS

Drug or Drug Class	Initial Test		Confirmation Test	
	Method	CutOff	Method	CutOff
Amphetamines	EMIT	1000 ng/ml	GC/MS	250 ng/ml
Barbiturates	EMIT	300 ng/ml	GC	500 ng/ml
Benzodiazepines	EMIT	300 ng/ml	GC	200 ng/ml
Cocaine Metabolite	EMIT	300 ng/ml	GC	300 ng/ml
Methadone	EMIT	300 ng/ml	GC	300 ng/ml
Opiates	EMIT	300 ng/ml	GC/MS	150 ng/ml
Phencyclidine	EMIT	25 ng/ml	GC/MS	25 ng/ml
Cannabinoid 100	EMIT	100 ng/ml	HPTLC	50 ng/ml

=====

TEST RESULTS

Drug or Drug class	Test Result	Drug or Drug class	Test Result
Amphetamines		Cocaine Metabolite	
Amphetamine	negative	Benzoylecgonine	negative
Methamphetamine	negative	Methadone	
Barbiturates		Methadone	negative
Amobarbital	negative	Opiates	
Butabarbital	negative	Codeine	negative
Butalbital	negative	Hydromorphone	negative
Pentobarbital	negative	Morphine	negative
Phenobarbital	negative	Phencyclidine	
Secobarbital	negative	Phencyclidine	negative
Benzodiazepines		Cannabinoid 100	
ACB	negative	THC Metabolite	POSITIVE
MACB	negative		

OMMENTS:

 * TEST RESULT *
 * POSITIVE *

I certify that the specimen identified by this accession number is the same specimen that bears the specimen identification barcode number set forth above, at the specimen has been examined upon receipt, handled and analyzed in accordance with applicable requirements, and that these results are for that specimen.

sults Certified by: CHRISTIN CONNOLLY

Date: 02/26/92



1505-A O'Brien Drive, Menlo Park, CA 94025

CHAIN OF CUSTODY FOR DRUG ANALYSIS

FED PROBATION

Specimen No. 0004929531

Results Name and Address

Keith A. Koenning, Chief Prob. Off
Federal Probation Office

668 Euclid Avenue #605
Cleveland, OH 44114

Employer's Name and Address

Federal Probation

Account No.

100620101

Collection Site and Address

ABM

Special Tests Requested

THC



Location Code:

Reason For Test (Check One)

☐ 01 Preemployment ☒ 02 Random ☐ 03 Accident ☐ 04 Periodic Medical ☐ 05 Reasonable Cause ☐ 06 Other Specify: _____

Specimen Type

☒ Urine ☐ Blood ☐ Urine and Blood

Split Sample (Collect only if required by Client)

☐ Yes ☒ No

Specimen Identification (This information will appear only on plies 1,3.)

Ladd

Date Collected

2/21/92

Specimen Identification (This information will appear on all copies.)

Social Security #

279-68-5742

Remarks Concerning Collection

Temperature

COLLECTOR CERTIFICATION: I certify that the specimen identified on this form is the specimen presented to me by the donor providing the certification below, that it bears the same identification number as set forth above and that it has been collected, labeled and sealed in accordance with the instructions provided.

Collector's Signature

Jeffrey A. Dragovich

DONOR COMPLETES

DONOR CERTIFICATION AND CONSENT: I certify that the specimen accompanying this form is my own and that I provided it to the collector. Further, I certify that the specimen container was sealed with a tamperproof seal in my presence and that the information provided on this form and on the label is correct. Also, I consent to the analysis of the specimen accompanying this form by the laboratory and to the release by the laboratory of the results of the analysis as well as the information recorded on this form to the organization and/or individual listed on this form.

Donor's Signature or Initials

Rad K. Koenning

Apply ►
Barcode
vertically
on bottle



USE SECOND SEAL AND
BARCODE FOR BLOOD
OR SPLIT SAMPLE.

COLLECTOR'S SIGNATURE



SPECIMEN NO. 0004929531

S

DONOR'S SIGNATURE OR INITIALS

Shipper

Airbill #

Date Shipped

Ship
Specimen
To

PharmChem Laboratories, Inc.
1505-A O'Brien Drive
Menlo Park, CA 94025-1435

INSTRUCTIONS TO COLLECTOR

- Complete all unshaded areas of form.
- Affix tamperproof seal and barcode as illustrated.
- Ask donor to sign Donor Certification and Consent and initial/sign tamperproof seal.
- Place specimen and laboratory copy of Chain of Custody form in shipping container.
- Keep specimen in secure storage until shipped.
- Distribute copies of Chain of Custody form as indicated on each copy.

PLY 1

ARMCHEM LABORATORIES, INC.
 LABORATORY
 15-A O'Brien Drive, Menlo Park, CA, 94025

REPORT

=====

COUNT NUMBER: 100620101 BARCODE NUMBER: 004929531

ID TO: AT: Keith A. Koenning, CUSPO S. Probation Office 10 Lakeside West Ste 400 Cleveland, OH 44113	SPECIMEN ID: SPECIMEN ID: SPECIMEN DATE: 02/21/92 TEST TYPE: LOCATION CODE: ACCESSION NUMBER: 004507223 DATE RECEIVED: 02/27/92 DATE REPORTED: 03/02/92
--	--

Id Acct. No: FP 62A

=====

TEST METHODS AND DETECTION LEVELS

Drug or Drug Class	Initial Test		Confirmation Test	
	Method	CutOff	Method	CutOff
Amphetamines	EMIT	1000 ng/ml	GC/MS	250 ng/ml
Barbiturates	EMIT	300 ng/ml	GC	500 ng/ml
Benzodiazepines	EMIT	300 ng/ml	GC	200 ng/ml
Cocaine Metabolite	EMIT	300 ng/ml	GC	300 ng/ml
Methadone	EMIT	300 ng/ml	GC	300 ng/ml
Opiates	EMIT	300 ng/ml	GC/MS	150 ng/ml
Phencyclidine	EMIT	25 ng/ml	GC/MS	25 ng/ml
Cannabinoid 100	EMIT	100 ng/ml	HPTLC	50 ng/ml

=====

TEST RESULTS

Drug or Drug class	Test Result	Drug or Drug class	Test Result
Amphetamines		Cocaine Metabolite	
Amphetamine	negative	Benzoylecgonine	negative
Methamphetamine	negative	Methadone	
Barbiturates		Methadone	negative
Amobarbital	negative	Opiates	
Butabarbital	negative	Codeine	negative
Butalbital	negative	Hydromorphone	negative
Pentobarbital	negative	Morphine	negative
Phenobarbital	negative	Phencyclidine	
Secobarbital	negative	Phencyclidine	negative
Benzodiazepines		Cannabinoid 100	
ACB	negative	THC Metabolite	POSITIVE
MACB	negative		

COMMENTS:

 * TEST RESULT *
 * POSITIVE *

I certify that the specimen identified by this accession number is the same specimen that bears the specimen identification barcode number set forth above, that the specimen has been examined upon receipt, handled and analyzed in accordance with applicable requirements, and that these results are for that specimen.

Results Certified by: SUZANNE SAMPSON Date: 03/02/92



1505-A O'Brien Drive, Menlo Park, CA 94025

CHAIN OF CUSTODY FOR DRUG ANALYSIS

FED PROBATION

Specimen No. **0004929540**

Results Name and Address

Keith A. Koenning, Chief Prob. Off
Federal Probation Office

668 Euclid Avenue #605 **92 MAR 6 A9:53**
Cleveland, OH 44114

Employer's Name and Address

Federal Probation

Account No.

100620101

Collection Site and Address

ABM

Special Tests Requested

THC



Location Code:

OHN CLEVELAND

Reason For Test (Check One)

☐ 01 Preemployment ☒ 02 Random ☐ 03 Accident ☐ 04 Medical ☐ 05 Cause ☐ 06 Specify: _____

Specimen Type

☒ Urine ☐ Blood ☐ Urine and Blood

Split Sample (Collect only if required by Client)

☐ Yes ☒ No

Specimen Identification (This information will appear only on plies 1,3.)

Ladd

Date Collected

3/3/91

Specimen Identification (This information will appear on all copies.)

Social Security #

279-68-5742

Remarks Concerning Collection

Temperature

COLLECTOR CERTIFICATION: I certify that the specimen identified on this form is the specimen presented to me by the donor providing the certification below, that it bears the same identification number as set forth above and that it has been collected, labeled and sealed in accordance with the instructions provided.

Collector's Signature

Henry A. Dragovich

DONOR CERTIFICATION AND CONSENT: I certify that the specimen accompanying this form is my own and that I provided it to the collector. Further, I certify that the specimen container was sealed with a tamperproof seal in my presence and that the information provided on this form and on the label is correct. Also, I consent to the analysis of the specimen accompanying this form by the laboratory and to the release by the laboratory of the results of the analysis as well as the information recorded on this form to the organization and/or individual listed on this form.

Donor's Signature or Initials

Donor's Signature



Apply ►
Barcode
vertically
on bottle

USE SECOND SEAL AND
BARCODE FOR BLOOD
OR SPLIT SAMPLE.

COLLECTOR'S SIGNATURE

(PLACE
OVER CAP
OF
SPECIMEN)

SPECIMEN NO. **0004929540 S**

DONOR'S SIGNATURE OR INITIALS

Shipper

Airbill #

Date Shipped

Ship
Specimen
To ►

PharmChem Laboratories, Inc.
1505-A O'Brien Drive
Menlo Park, CA 94025-1435

INSTRUCTIONS TO COLLECTOR

- Complete all unshaded areas of form.
- Affix tamperproof seal and barcode as illustrated.
- Ask donor to sign Donor Certification and Consent and initial/sign tamperproof seal.
- Place specimen and laboratory copy of Chain of Custody form in shipping container.
- Keep specimen in secure storage until shipped.
- Distribute copies of Chain of Custody form as indicated on each copy.

PLY 1

RMCHM LABORATORIES, INC.
ORATORY
5-A O'Brien Drive, Menlo Park, CA, 94025

REPORT

OUNT NUMBER: 100620101 BARCODE NUMBER: 004929540

ID TO: SPECIMEN ID:
T: Keith A. Koenning, CUSPO SPECIMEN ID:
S. Probation Office SPECIMEN DATE: 03/03/91
0 Lakeside West Ste 400
TEST TYPE:
eveland, OH 44113 LOCATION CODE:

ACCESSION NUMBER: 004564610
DATE RECEIVED: 03/06/92
d Acct. No: FP 62A DATE REPORTED: 03/10/92

TEST METHODS AND DETECTION LEVELS

Drug or Drug Class	Initial Test Method	CutOff	Confirmation Test Method	CutOff
Amphetamines	EMIT	1000 ng/ml	GC/MS	250 ng/ml
Barbiturates	EMIT	300 ng/ml	GC	500 ng/ml
Benzodiazepines	EMIT	300 ng/ml	GC	200 ng/ml
Cocaine Metabolite	EMIT	300 ng/ml	GC	300 ng/ml
Methadone	EMIT	300 ng/ml	GC	300 ng/ml
Opiates	EMIT	300 ng/ml	GC/MS	150 ng/ml
Phencyclidine	EMIT	25 ng/ml	GC/MS	25 ng/ml
Cannabinoid 100	EMIT	100 ng/ml	HPTLC	50 ng/ml

TEST RESULTS

Drug or Drug class	Test Result	Drug or Drug class	Test Result
Amphetamines		Cocaine Metabolite	
Amphetamine	negative	Benzoylcegonine	negative
Methamphetamine	negative	Methadone	
Barbiturates		Methadone	negative
Amobarbital	negative	Opiates	
Butabarbital	negative	Codeine	negative
Butalbital	negative	Hydromorphone	negative
Pentobarbital	negative	Morphine	negative
Phenobarbital	negative	Phencyclidine	
Secobarbital	negative	Phencyclidine	negative
Benzodiazepines		Cannabinoid 100	
ACB	negative	THC Metabolite	POSITIVE
MACB	negative		

OMMENTS:

* TEST RESULT *
* POSITIVE *

COC IS DATED 03.03.91

I certify that the specimen identified by this accession number is the same specimen that bears the specimen identification barcode number set forth above, at the specimen has been examined upon receipt, handled and analyzed in accordance with applicable requirements, and that these results are for that specimen.

Results Certified by: Lung Hiu

3/10/92



LABORATORIES, INC.

1505-A O'Brien Drive, Menlo Park, CA 94025

CHAIN OF CUSTODY FOR DRUG ANALYSIS

FED PROBATION

Specimen No. 0004930341

Results Name and Address

Keith A. Koenning, Chief Prob. Off
Federal Probation Office

668 Euclid Avenue #605
Cleveland, OH 44114

Employer's Name and Address

Federal Probation

Account No. 100620101

Collection Site and Address

-Team II

Special Tests Requested

-THC



Location Code:

Reason For Test (Check One)

☐ 01 Preemployment ☒ 02 Random ☐ 03 Accident ☐ 04 Periodic Medical ☐ 05 Reasonable Cause ☐ 06 Other Specify: _____

Specimen Type

☐ Urine ☐ Blood ☐ Urine and Blood

Split Sample (Collect only if required by Client)

☐ Yes ☐ No

Specimen Identification (This information will appear only on plies 1,3.)

Date Collected

3-5-92

Specimen Identification (This information will appear on all copies.)

Social Security #

Remarks Concerning Collection

Temperature

COLLECTOR CERTIFICATION: I certify that the specimen identified on this form is the specimen presented to me by the donor providing the certification below, that it bears the same identification number as set forth above and that it has been collected, labeled and sealed in accordance with the instructions provided.

Collector's Signature

DONOR CERTIFICATION AND CONSENT: I certify that the specimen accompanying this form is my own and that I provided it to the collector. Further, I certify that the specimen container was sealed with a tamperproof seal in my presence and that the information provided on this form and on the label is correct. Also, I consent to the analysis of the specimen accompanying this form by the laboratory and to the release by the laboratory of the results of the analysis as well as the information recorded on this form to the organization and/or individual listed on this form.

Donor's Signature or Initials



Apply ►
Barcode
vertically
on bottle

COLLECTOR'S SIGNATURE

(PLACE OVER
CAP OF
SPECIMEN)

SPECIMEN NO. 0004930341

DONOR'S SIGNATURE OR INITIALS

PharmChem Laboratories, Inc.

USE SECOND SEAL AND
BARCODE FOR BLOOD
OR SPLIT SAMPLE.

Shipper

Airbill #

Date Shipped

Ship
Specimen
To

PharmChem Laboratories, Inc.
1505-A O'Brien Drive
Menlo Park, CA 94025-1435

INSTRUCTIONS TO COLLECTOR

- Complete all unshaded areas of form.
- Affix tamperproof seal and barcode as illustrated.
- Ask donor to sign Donor Certification and Consent and initial/sign tamperproof seal.
- Place specimen and laboratory copy of Chain of Custody form in shipping container.
- Keep specimen in secure storage until shipped.
- Distribute copies of Chain of Custody form as indicated on each copy.

ARMCHEM LABORATORIES, INC.
 LABORATORY

15-A O'Brien Drive, Menlo Park, CA, 94025

REPORT

=====

COUNT NUMBER:	100620101	BARCODE NUMBER:	004930341
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=====

ND TO:	SPECIMEN ID:	
PT: Keith A. Koenning, CUSPO	SPECIMEN ID:	
.S. Probation Office	SPECIMEN DATE:	03/05/92
10 Lakeside West Ste 400	TEST TYPE:	
Cleveland, OH 44113	LOCATION CODE:	

	ACCESSION NUMBER:	004580624
	DATE RECEIVED:	03/10/92
ld Acct. No: FP 62A	DATE REPORTED:	03/12/92

=====

TEST METHODS AND DETECTION LEVELS

Drug or Drug Class	Initial Test		Confirmation Test	
	Method	CutOff	Method	CutOff
Amphetamines	EMIT	1000 ng/ml	GC/MS	250 ng/ml
Barbiturates	EMIT	300 ng/ml	GC	500 ng/ml
Benzodiazepines	EMIT	300 ng/ml	GC	200 ng/ml
Cocaine Metabolite	EMIT	300 ng/ml	GC	300 ng/ml
Methadone	EMIT	300 ng/ml	GC	300 ng/ml
Opiates	EMIT	300 ng/ml	GC/MS	150 ng/ml
Phencyclidine	EMIT	25 ng/ml	GC/MS	25 ng/ml
Cannabinoid 100	EMIT	100 ng/ml	HPTLC	50 ng/ml

=====

TEST RESULTS

Drug or Drug class	Test Result	Drug or Drug class	Test Result
Amphetamines		Cocaine Metabolite	
Amphetamine	negative	Benzoylecgonine	negative
Methamphetamine	negative	Methadone	
Barbiturates		Methadone	negative
Amobarbital	negative	Opiates	
Butabarbital	negative	Codeine	negative
Butalbital	negative	Hydromorphone	negative
Pentobarbital	negative	Morphine	negative
Phenobarbital	negative	Phencyclidine	
Secobarbital	negative	Phencyclidine	negative
Benzodiazepines		Cannabinoid 100	
ACB	negative	THC Metabolite	POSITIVE
MACB	negative		

COMMENTS:

 * TEST RESULT *
 * POSITIVE *

I certify that the specimen identified by this accession number is the same specimen that bears the specimen identification barcode number set forth above, at the specimen has been examined upon receipt, handled and analyzed in accordance with applicable requirements, and that these results are for that specimen.

Results Certified by: CHRISTIN CONNOLLY	Date: 03/12/92
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LABORATORIES, INC.

1505-A O'Brien Drive, Menlo Park, CA 94025

CHAIN OF CUSTODY FOR DRUG ANALYSIS

FED PROBATION

Specimen No.

0004929554

Results Name and Address

Keith A. Koenning, Chief Prob. Off
Federal Probation Office

668 Euclid Avenue #605
Cleveland, OH 44114

Employer's Name and Address

Federal Probation

AD: 57

Account No.

CLEVELAND 100620101

Collection Site and Address

ABM

Special Tests Requested

THC



Location Code:

Reason For Test (Check One)

☐ 01 Preemployment ☒ 02 Random ☐ 03 Accident ☐ 04 Periodic Medical ☐ 05 Reasonable Cause ☐ 06 Other Specify: _____

Specimen Type

☒ Urine ☐ Blood ☐ Urine and Blood

Split Sample (Collect only if required by Client)

☐ Yes ☒ No

Specimen Identification (This information will appear only on plies 1,3.)

Ladd

Date Collected

3/10/92

Specimen Identification (This information will appear on all copies.)

Social Security #

279-68-5742

Remarks Concerning Collection

Temperature

COLLECTOR CERTIFICATION: I certify that the specimen identified on this form is the specimen presented to me by the donor providing the certification below, that it bears the same identification number as set forth above and that it has been collected, labeled and sealed in accordance with the instructions provided.

Collector's Signature

Jeffrey A. Dragovich

DONOR CERTIFICATION AND CONSENT: I certify that the specimen accompanying this form is my own and that I provided it to the collector. Further, I certify that the specimen container was sealed with a tamperproof seal in my presence and that the information provided on this form and on the label is correct. Also, I consent to the analysis of the specimen accompanying this form by the laboratory and to the release by the laboratory of the results of the analysis as well as the information recorded on this form to the organization and/or individual listed on this form.

Donor's Signature or Initials

Don K. Kelt



Apply ►
Barcode
vertically
on bottle

USE SECOND SEAL AND
BARCODE FOR BLOOD
OR SPLIT SAMPLE.

COLLECTOR'S SIGNATURE

(PLACE
OVER CAP
OF
SPECIMEN)

SPECIMEN NO. 0004929554

S

DONOR'S SIGNATURE OR INITIALS

Shipper

Airbill #

Date Shipped

3/10/92

Ship
Specimen
To

PharmChem Laboratories, Inc.
1505-A O'Brien Drive
Menlo Park, CA 94025-1435

INSTRUCTIONS TO COLLECTOR

- Complete all unshaded areas of form.
- Affix tamperproof seal and barcode as illustrated.
- Ask donor to sign Donor Certification and Consent and initial/sign tamperproof seal.
- Place specimen and laboratory copy of Chain of Custody form in shipping container.
- Keep specimen in secure storage until shipped.
- Distribute copies of Chain of Custody form as indicated on each copy.

LANICHEM LABORATORIES, INC.
LABORATORY
505-A O'Brien Drive, Menlo Park, CA, 94025

REPORT

COUNT NUMBER: 100620101 BARCODE NUMBER: 004929554

END TO:

ATT: Keith A. Koenning, CUSPO
U.S. Probation Office
10 Lakeside West Ste 400
Cleveland, OH 44113

SPECIMEN ID:
SPECIMEN ID:
SPECIMEN DATE: 03/10/92
TEST TYPE:
LOCATION CODE:

Old Acct. No: FP 62A

ACCESSION NUMBER: 004604654
DATE RECEIVED: 03/13/92
DATE REPORTED: 03/18/92

TEST METHODS AND DETECTION LEVELS

Drug or Drug Class	Initial Test		Confirmation Test	
	Method	CutOff	Method	CutOff
Amphetamines	EMIT	1000 ng/ml	GC/MS	250 ng/ml
Barbiturates	EMIT	300 ng/ml	GC	500 ng/ml
Benzodiazepines	EMIT	300 ng/ml	GC	200 ng/ml
Cocaine Metabolite	EMIT	300 ng/ml	GC	300 ng/ml
Methadone	EMIT	300 ng/ml	GC	300 ng/ml
Opiates	EMIT	300 ng/ml	GC/MS	150 ng/ml
Phencyclidine	EMIT	25 ng/ml	GC/MS	25 ng/ml
Cannabinoid 100	EMIT	100 ng/ml	HPTLC	50 ng/ml

TEST RESULTS

Drug or Drug class	Test Result	Drug or Drug class	Test Result
Amphetamines		Cocaine Metabolite	
Amphetamine	negative	Benzoylcegonine	negative
Methamphetamine	negative	Methadone	
Barbiturates		Methadone	negative
Amobarbital	negative	Opiates	
Butabarbital	negative	Codeine	negative
Butalbital	negative	Hydromorphone	negative
Pentobarbital	negative	Morphine	negative
Phenobarbital	negative	Phencyclidine	
Secobarbital	negative	Phencyclidine	negative
Benzodiazepines		Cannabinoid 100	
ACB	negative	THC Metabolite	POSITIVE
MACB	negative		

MENTS:

* TEST RESULT *
* POSITIVE *

I certify that the specimen identified by this accession number is the same as the specimen that bears the specimen identification barcode number set forth above, and that the specimen has been examined upon receipt, handled and analyzed in accordance with applicable requirements, and that these results are for that specimen.

ults Certified by: LING LIU

Date: 03/18/92



LABORATORIES, INC.

1505-A O'Brien Drive, Menlo Park, CA 94025

CHAIN OF CUSTODY FOR DRUG ANALYSIS

FED PROBATION

Specimen No. **0005155086**

Results Name and Address

Keith A. Koenning, Chief Prob. Off
Federal Probation Office

668 Euclid Avenue #605
Cleveland, OH 44114

Employer's Name and Address

Federal Probation

Account No.

100620303

Special Tests Requested

THC

PLAINTIFF'S
EXHIBIT
B(19)

Collection Site and Address

Abm

Location Code:

Reason For Test (Check One)

☐ 01 Preemployment

☒ 02 Random

☐ 03 Accident

☐ 04 Medical

☐ 05 Reasonable Cause

☐ 06 Other Specify:

Specimen Type

☒ Urine

☐ Blood

☐ Urine and Blood

Split Sample (Collect only if required by Client)

☐ Yes

☒ No

Specimen Identification (This information will appear only on plies 1,3.)

Ladd

Date Collected

3/24/92

Specimen Identification (This information will appear on all copies.)

Social Security #

279-68-5742

Remarks Concerning Collection

Temperature

COLLECTOR CERTIFICATION: I certify that the specimen identified on this form is the specimen presented to me by the donor providing the certification below, that it bears the same identification number as set forth above and that it has been collected, labeled and sealed in accordance with the instructions provided.

Collector's Signature

Jeffrey A. Dragovich

DONOR CERTIFICATION AND CONSENT: I certify that the specimen accompanying this form is my own and that I provided it to the collector. Further, I certify that the specimen container was sealed with a tamperproof seal in my presence and that the information provided on this form and on the label is correct. Also, I consent to the analysis of the specimen accompanying this form by the laboratory and to the release by the laboratory of the results of the analysis as well as the information recorded on this form to the organization and/or individual listed on this form.

Donor's Signature or Initials

Don K. [illegible]



Apply ►
Barcode
vertically
on bottle

USE SECOND SEAL AND
BARCODE FOR BLOOD
OR SPLIT SAMPLE.

COLLECTOR'S SIGNATURE

PLACE
OVER CAP
OF
SPECIMEN

SPECIMEN NO. **0005155086**

S

DONOR'S SIGNATURE OR INITIALS

Shipper

Airbill #

Date Shipped

3/24/92

Ship
Specimen
To

PharmChem Laboratories, Inc.
1505-A O'Brien Drive
Menlo Park, CA 94025-1435

INSTRUCTIONS TO COLLECTOR

- Complete all unshaded areas of form.
- Affix tamperproof seal and barcode as illustrated.
- Ask donor to sign Donor Certification and Consent and initial/sign tamperproof seal.
- Place specimen and laboratory copy of Chain of Custody form in shipping container.
- Keep specimen in secure storage until shipped.

LY 1

ARMCHEM LABORATORIES, INC.

LABORATORY

15-A O'Brien Drive, Menlo Park, CA, 94025

REPORT

=====

OUNT NUMBER:	100620303	BARCODE NUMBER:	005155086
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ID TO:	SPECIMEN ID:	
PT: Keith A. Koenning, CUSPO	SPECIMEN ID:	
S. Probation Office	SPECIMEN DATE:	03/24/92
0 Lakeside West Ste 400	TEST TYPE:	
Cleveland, OH 44113	LOCATION CODE:	

	ACCESSION NUMBER:	004688507
	DATE RECEIVED:	03/28/92
Id Acct. No: FP 62C	DATE REPORTED:	03/31/92

=====

TEST METHODS AND DETECTION LEVELS

Drug or Drug Class	Initial Test		Confirmation Test	
	Method	CutOff	Method	CutOff
Amphetamines	EMIT	1000 ng/ml	GC/MS	250 ng/ml
Barbiturates	EMIT	300 ng/ml	GC	500 ng/ml
Benzodiazepines	EMIT	300 ng/ml	GC	200 ng/ml
Cocaine Metabolite	EMIT	300 ng/ml	GC	300 ng/ml
Methadone	EMIT	300 ng/ml	GC	300 ng/ml
Opiates	EMIT	300 ng/ml	GC/MS	150 ng/ml
Phencyclidine	EMIT	25 ng/ml	GC/MS	25 ng/ml
Cannabinoid 100	EMIT	100 ng/ml	HPTLC	50 ng/ml

=====

TEST RESULTS

Drug or Drug class		Drug or Drug class	
Test Result		Test Result	
Amphetamines		Cocaine Metabolite	
Amphetamine	negative	Benzoyllecgonine	negative
Methamphetamine	negative	Methadone	
Barbiturates		Methadone	negative
Amobarbital	negative	Opiates	
Butabarbital	negative	Codeine	negative
Butalbital	negative	Hydromorphone	negative
Pentobarbital	negative	Morphine	negative
Phenobarbital	negative	Phencyclidine	
Secobarbital	negative	Phencyclidine	negative
Benzodiazepines		Cannabinoid 100	
ACB	negative	THC Metabolite	POSITIVE
MACB	negative		

COMMENTS:

 * TEST RESULT *
 * POSITIVE *

I certify that the specimen identified by this accession number is the same specimen that bears the specimen identification barcode number set forth above, that the specimen has been examined upon receipt, handled and analyzed in accordance with applicable requirements, and that these results are for that specimen.

Results Certified by: MIKE MCMANAMON

Date: 03/31/92



LABORATORIES, INC.

1505-A O'Brien Drive, Menlo Park, CA 94025

CHAIN OF CUSTODY FOR DRUG ANALYSIS

FED PROBATION

Specimen No. 0006148361

===== Name and Address

AC A. Koenning, CUSPO
Federal Probation Office
510 Lakeside West, #400
Cleveland, OH 44113

Employer's Name and Address

Federal Probation

Account No. 100620101

Collection Site and Address

T-2

Special Tests Requested

THC



Location Code:

Reason For Test (Check One)

☐ 01 Preemployment ☒ 02 Random ☐ 03 Accident ☐ 04 Medical ☐ 05 Cause ☐ 06 Specify: _____

Specimen Type

☐ Urine ☐ Blood ☐ Urine and Blood

Split Sample (Collect only if required by Client)

☐ Yes ☐ No

Specimen Identification (This information will appear only on plies 1,3)

LADD, David

Date Collected

02-17-93

Specimen Identification (This information will appear on all copies.)

Social Security #

279-68-5742

Remarks Concerning Collection

Temperature

COLLECTOR CERTIFICATION: I certify that the specimen identified on this form is the specimen presented to me by the donor providing the certification below, that it bears the same identification number as set forth above and that it has been collected, labeled and sealed in accordance with the instructions provided.

Collector's Signature

327A Schuchman

DONOR CERTIFICATION AND CONSENT: I certify that the specimen accompanying this form is my own and that I provided it to the collector. Further, I certify that the specimen container was sealed with a tamperproof seal in my presence and that the information provided on this form and on the label is correct. Also, I consent to the analysis of the specimen accompanying this form by the laboratory and to the release by the laboratory of the results of the analysis as well as the information recorded on this form to the organization and/or individual listed on this form.

Donor's Signature or Initials

David L. Add



Apply ►
Barcode
vertically
on bottle

USE SECOND SEAL AND
BARCODE FOR BLOOD
OR SPLIT SAMPLE.

COLLECTOR'S SIGNATURE



SPECIMEN NO. 0006148361 S

DONOR'S SIGNATURE OR INITIALS

Shipper

Airbill #

Date Shipped

Ship
Specimen
To

PharmChem Laboratories, Inc.
1505-A O'Brien Drive
Menlo Park, CA 94025-1435

INSTRUCTIONS TO COLLECTOR

- Complete all unshaded areas of form.
- Affix tamperproof seal and barcode as illustrated.
- Ask donor to sign Donor Certification and Consent and initial/sign tamperproof seal.
- Place specimen and laboratory copy of Chain of Custody form in shipping container.
- Keep specimen in secure storage until shipped.

ARMCHEM LABORATORIES, INC.
LABORATORY
05-A O'Brien Drive, Menlo Park, CA, 94025

REPORT

ACCOUNT NUMBER: 100620101 BARCODE NUMBER: 0006148361

RESULTS TO: SPECIMEN ID:
ATT: Keith A. Koenning, CUSPO SPECIMEN ID:
U.S. Probation Office SPECIMEN DATE: 02/17/93
310 Lakeside West Ste 400
Cleveland, OH 44113 TEST TYPE:
LOCATION CODE:

Old Acct. No: FP 62A
ACCESSION NUMBER: 920548498
DATE RECEIVED: 02/25/93
DATE REPORTED: 03/01/93

TEST METHODS AND DETECTION LEVELS				
Drug or Drug Class	Initial Test		Confirmation Test	
	Method	CutOff	Method	CutOff
Amphetamines	EMIT	1000 ng/ml	GC/MS	250 ng/ml
Barbiturates	EMIT	200 ng/ml	GC	200 ng/ml
Benzodiazepines	EMIT	200 ng/ml	GC	200 ng/ml
Cocaine Metabolite	EMIT	300 ng/ml	GC	300 ng/ml
Methadone	EMIT	300 ng/ml	GC	300 ng/ml
Opiates	EMIT	300 ng/ml	GC/MS	150 ng/ml
Phencyclidine	EMIT	25 ng/ml	GC/MS	25 ng/ml
Cannabinoid 100	EMIT	100 ng/ml	HPTLC	50 ng/ml

TEST RESULTS			
Drug or Drug Class/ Analyte	Test Result	Drug or Drug Class/ Analyte	Test Result
Amphetamines		Cocaine Metabolite	
Amphetamine	negative	Benzoylecgonine	negative
Methamphetamine	negative	Methadone	
Barbiturates		Methadone	negative
Amobarbital	negative	Opiates	
Butabarbital	negative	Codeine	negative
Butalbital	negative	Hydromorphone	negative
Pentobarbital	negative	Morphine	negative
Phenobarbital	negative	Phencyclidine	
Secobarbital	negative	Phencyclidine	negative
Benzodiazepines		Cannabinoid 100	
ACB	negative	THC Metabolite	POSITIVE
MACB	negative		

SPECIMEN SEAL INTACT.

COMMENTS:

* TEST RESULT *
* POSITIVE *

I certify that the specimen identified by this accession number is the same specimen that bears the specimen identification barcode number set forth above, that the specimen has been examined upon receipt, handled and analyzed in accordance with applicable requirements, and that these results are for that specimen.

Results Certified by: CHRISTIN CONNOLLY

Date: 03/01/93



1505-A O'Brien Drive, Menlo Park, CA 94025

CHAIN OF CUSTODY FOR DRUG ANALYSIS

FED PROBATION

Specimen No. **0006148376**

Person's Name and Address

Keith A. Koenning, CUSPO
Federal Probation Office
310 Lakeside West, #400
Cleveland, OH 44113

Employer's Name and Address

Federal Probation

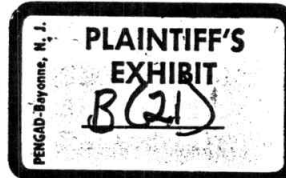
Account No. **100620101**

Collection Site and Address

T-2

Special Tests Requested

THC



Location Code:

Reason For Test (Check One)

☐ 01 Preemployment ☒ 02 Random ☐ 03 Accident ☐ 04 Medical ☐ 05 Cause ☐ 06 Other

Specimen Type

☒ Urine ☐ Blood ☐ Urine and Blood

Split Sample (Collect only if required by Client)

☐ Yes ☒ No

Specimen Identification (This information will appear only on plies 1,3.)

LAOD, David

Specimen Identification (This information will appear on all copies.)

Date Collected

03-05-93

Social Security #

279-68-5742

Remarks Concerning Collection

Temperature

COLLECTOR CERTIFICATION: I certify that the specimen identified on this form is the specimen presented to me by the donor providing the certification below, that it bears the same identification number as set forth above and that it has been collected, labeled and sealed in accordance with the instructions provided.

Collector's Signature

Keith A. Koenning

DONOR CERTIFICATION AND CONSENT: I certify that the specimen accompanying this form is my own and that I provided it to the collector. Further, I certify that the specimen container was sealed with a tamperproof seal in my presence and that the information provided on this form and on the label is correct. Also, I consent to the analysis of the specimen accompanying this form by the laboratory and to the release by the laboratory of the results of the analysis as well as the information recorded on this form to the organization and/or individual listed on this form.

Donor's Signature or Initials

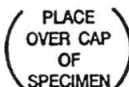
David LAOD

Apply ►
Barcode
vertically
on bottle



USE SECOND SEAL AND
BARCODE FOR BLOOD
OR SPLIT SAMPLE.

COLLECTOR'S SIGNATURE



SPECIMEN NO. **0006148376 S**

DONOR'S SIGNATURE OR INITIALS

Shipper	Airbill #	Date Shipped	Ship Specimen To	PharmChem Laboratories, Inc. 1505-A O'Brien Drive Menlo Park, CA 94025-1435
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INSTRUCTIONS TO COLLECTOR

- Complete all unshaded areas of form.
- Affix tamperproof seal and barcode as illustrated.
- Ask donor to sign Donor Certification and Consent and initial/sign tamperproof seal.
- Place specimen and laboratory copy of Chain of Custody form in shipping container.
- Keep specimen in secure storage until shipped.

CHEM LABORATORIES, INC.
RATORY
5-A O'Brien Drive, Menlo Park, CA, 94025

REPORT

ACCOUNT NUMBER: 100620101 BARCODE NUMBER: 0006148376

RESULTS TO: SPECIMEN ID:
ATT: Keith A. Koenning, CUSPO SPECIMEN ID:
U.S. Probation Office SPECIMEN DATE: 03/05/93
310 Lakeside West Ste 400 TEST TYPE:
Cleveland, OH 44113 LOCATION CODE:

Old Acct. No: FP 62A
ACCESSION NUMBER: 930046816
DATE RECEIVED: 03/15/93
DATE REPORTED: 03/19/93

TEST METHODS AND DETECTION LEVELS

Drug or Drug Class	Initial Test Method	CutOff	Confirmation Test Method	Test CutOff
Amphetamines	EMIT	1000 ng/ml	GC/MS	250 ng/ml
Barbiturates	EMIT	200 ng/ml	GC	200 ng/ml
Benzodiazepines	EMIT	200 ng/ml	GC	200 ng/ml
Cocaine Metabolite	EMIT	300 ng/ml	GC	300 ng/ml
Methadone	EMIT	300 ng/ml	GC	300 ng/ml
Opiates	EMIT	300 ng/ml	GC/MS	150 ng/ml
Phencyclidine	EMIT	25 ng/ml	GC/MS	25 ng/ml
Cannabinoid 100	EMIT	100 ng/ml	HPTLC	50 ng/ml

TEST RESULTS

Drug or Drug Class/ Analyte	Test Result	Drug or Drug Class/ Analyte	Test Result
Amphetamines		Cocaine Metabolite	
Amphetamine	negative	Benzoylecgonine	negative
Methamphetamine	negative	Methadone	
Barbiturates		Methadone	negative
Amobarbital	negative	Opiates	
Butabarbital	negative	Codeine	negative
Butalbital	negative	Hydromorphone	negative
Pentobarbital	negative	Morphine	negative
Phenobarbital	negative	Phencyclidine	
Secobarbital	negative	Phencyclidine	negative
Benzodiazepines		Cannabinoid 100	
ACB	negative	THC Metabolite	POSITIVE
MACB	negative		

SPECIMEN SEAL INTACT.

COMMENTS:

* TEST RESULT *
* POSITIVE *

I certify that the specimen identified by this accession number is the same specimen that bears the specimen identification barcode number set forth above, that the specimen has been examined upon receipt, handled and analyzed in accordance with applicable requirements, and that these results are for that specimen.

Results Certified by: STEPHEN HOLTZCLAW

Date: 03/19/93



LABORATORIES, INC.

505-A O'Brien Drive, Menlo Park, CA 94025

CHAIN OF CUSTODY FOR DRUG ANALYSIS

FED PROBATION

Specimen No. 007435580

REPORT

Keith A. Koenning, CUSPO
Federal Probation Office
310 Lakeside West, #400
Cleveland, OH 44113

93 APR 2

PI2: 20

Account No.

100620101

OHIO CLEVELAND

Cleveland, OH

LOCATION CODE:

PLAINTIFF'S
EXHIBIT

B(22)

DATE REPORTED:

THC

Reason For Test (Check One)

☐ 01 Preemployment

☒ 02 Random

☐ 03 Post Accident

☐ 04 Periodic Medical

☐ 05 Reasonable Cause

☐ 06 Other Specify: _____

Specimen Type

☒ Urine

☐ Blood

☐ Urine and Blood

Split Sample (Collect only if required by Client)

☐ Yes

☒ No

Date Collected

3/6/93

Social Security #

229-60-5742

Temperature

Remarks Concerning Collection

initial

COLLECTOR CERTIFICATION: I certify that the specimen identified on this form is the specimen presented to me by the donor providing the certification below, that it bears the same identification number as set forth above and that it has been collected, labeled and sealed in accordance with the instructions provided.

Collector's Signature

DONOR CERTIFICATION AND CONSENT: I certify that the specimen accompanying this form is my own and that I provided it to the collector. Further, I certify that the specimen container was sealed with a tamperproof seal in my presence and that the information provided on this form and on the label is correct. Also, I consent to the analysis of the specimen accompanying this form by the laboratory and to the release by the laboratory of the results of the analysis as well as the information recorded on this form to the organization and/or individual listed on this form.

Donor's Signature or Initials

Apply ►
Barcode
vertically
on bottle



USE SECOND SEAL AND
BARCODE FOR BLOOD
OR SPLIT SAMPLE.

Person Shipping

D.

Airbill #

Date Shipped

3/5/93

Ship
Specimen
To

PharmChem Laboratories, Inc.
1505-A O'Brien Drive
Menlo Park, CA 94025-1435

INSTRUCTIONS TO COLLECTOR

- Complete all unshaded areas of form.
- Affix tamperproof seal and barcode as illustrated.
- Ask donor to sign Donor Certification and Consent and initial/sign tamperproof seal.
- Place specimen and laboratory copy of Chain of Custody form in shipping container.
- Keep specimen in secure storage until shipped.

Chain of Custody form as indicated on each copy.

PLY 1

MCHEM LABORATORIES, IN
ORATORY

05-A O'Brien Drive, Menlo Park, CA, 94025

REPORT

ABM

ACCOUNT NUMBER: 100620101 BARCODE NUMBER: 0007435580

RESULTS TO:
ATT: Keith A. Koenning, CUSPO
U.S. Probation Office
310 Lakeside West Ste 400
Cleveland, OH 44113

SPECIMEN ID:
SPECIMEN ID:
SPECIMEN DATE: 03/09/93
TEST TYPE:
LOCATION CODE:

Old Acct. No: FP 62A

ACCESSION NUMBER: 930049597
DATE RECEIVED: 03/16/93
DATE REPORTED: 03/19/93

TEST METHODS AND DETECTION LEVELS

Drug or Drug Class	Initial Test		Confirmation Test	
	Method	CutOff	Method	CutOff
Amphetamines	EMIT	1000 ng/ml	GC/MS	250 ng/ml
Barbiturates	EMIT	200 ng/ml	GC	200 ng/ml
Benzodiazepines	EMIT	200 ng/ml	GC	200 ng/ml
Cocaine Metabolite	EMIT	300 ng/ml	GC	300 ng/ml
Methadone	EMIT	300 ng/ml	GC	300 ng/ml
Opiates	EMIT	300 ng/ml	GC/MS	150 ng/ml
Phencyclidine	EMIT	25 ng/ml	GC/MS	25 ng/ml
Cannabinoid 100	EMIT	100 ng/ml	HPTLC	50 ng/ml

TEST RESULTS

Drug or Drug Class/ Analyte	Test Result	Drug or Drug Class/ Analyte	Test Result
Amphetamines		Cocaine Metabolite	
Amphetamine	negative	Benzoylecgonine	negative
Methamphetamine	negative	Methadone	
Barbiturates		Methadone	negative
Amobarbital	negative	Opiates	
Butabarbital	negative	Codeine	negative
Butalbital	negative	Hydromorphone	negative
Pentobarbital	negative	Morphine	negative
Phenobarbital	negative	Phencyclidine	
Secobarbital	negative	Phencyclidine	negative
Benzodiazepines		Cannabinoid 100	
ACB	negative	THC Metabolite	POSITIVE
MACB	negative		

SPECIMEN SEAL INTACT.

COMMENTS:

* TEST RESULT *
* POSITIVE *

I certify that the specimen identified by this accession number is the same specimen that bears the specimen identification barcode number set forth above, that the specimen has been examined upon receipt, handled and analyzed in accordance with applicable requirements, and that these results are for that specimen.

Results Certified by: STEPHEN HOLTZCLAW

Date: 03/19/93

CHAIN OF CUSTODY FOR DRUG ANALYSIS

FED PROBATION

Specimen No. **007435587**

Keith A. Koenning, CUSPO
Federal Probation Office
310 Lakeside West, #400
Cleveland, OH 44113
ATTN: Keith A. Koenning, CUSPO
U.S. Probation Office
310 Lakeside West, Ste 400
Cleveland, OH 44113

Federal Probation

Account No. **100620101**

LOCATION

93 MAR 17 11:11 AM
OHIO
CLEVELAND
PROBATION
PLAINTIFF'S
EXHIBIT
B(23)

ABM Acct. No: PP 62A

THE

Reason For Test (Check One)

☐ 01 Preemployment ☒ 02 Random ☐ 03 Post Accident ☐ 04 Periodic ☐ 05 Reasonable Cause ☐ 06 Other Specify: _____

Specimen Type

☒ Urine ☐ Blood ☐ Urine and Blood

Split Sample (Collect only if required by Client)

☐ Yes ☒ No

(This information will appear only on plies 1,3.)

(This information will appear on all copies.)

Remarks Concerning Collection

Date Collected

Social Security #

Temperature

COLLECTOR CERTIFICATION: I certify that the specimen identified on this form is the specimen presented to me by the donor providing the certification below, that it bears the same identification number as set forth above and that it has been collected, labeled and sealed in accordance with the instructions provided.

Collector's Signature

DONOR CERTIFICATION AND CONSENT: I certify that the specimen accompanying this form is my own and that I provided it to the collector. Further, I certify that the specimen container was sealed with a tamperproof seal in my presence and that the information provided on this form and on the label is correct. Also, I consent to the analysis of the specimen accompanying this form by the laboratory and to the release by the laboratory of the results of the analysis as well as the information recorded on this form to the organization and/or individual listed on this form.

Donor's Signature or Initials



Apply ►
Barcode
vertically
on bottle

SECOND SEAL AND
CODE FOR BLOOD
SPLIT SAMPLE.

Person Shipping

Airbill #

Date Shipped

Ship
Specimen
To

PharmChem Laboratories, Inc.
1505-A O'Brien Drive
Menlo Park, CA 94025-1435

INSTRUCTIONS TO COLLECTOR

- Complete all unshaded areas of form.
- Affix tamperproof seal and barcode as illustrated.
- Ask donor to sign Donor Certification and Consent and initial/sign tamperproof seal.
- Place specimen and laboratory copy of Chain of Custody form in shipping container.
- Keep specimen in secure storage until shipped.
- Distribute copies of Chain of Custody form as indicated on each copy.

LY 1

MCHEM LABORATORIES, INC.
LABORATORY
505-A O'Brien Drive, Menlo Park, CA, 94025

REPORT

ACCOUNT NUMBER: 100620101 BARCODE NUMBER: 0007435587

RESULTS TO:
ATT: Keith A. Koenning, CUSPO
U.S. Probation Office
310 Lakeside West Ste 400
Cleveland, OH 44113
SPECIMEN ID:
SPECIMEN ID:
SPECIMEN DATE: 03/12/93
TEST TYPE:
LOCATION CODE:

Old Acct. No: FP 62A

ACCESSION NUMBER: 930071137
DATE RECEIVED: 03/20/93
DATE REPORTED: 03/26/93

TEST METHODS AND DETECTION LEVELS

Drug or Drug Class	Initial Test		Confirmation Test	
	Method	CutOff	Method	CutOff
Amphetamines	EMIT	1000 ng/ml	GC/MS	250 ng/ml
Barbiturates	EMIT	200 ng/ml	GC	200 ng/ml
Benzodiazepines	EMIT	200 ng/ml	GC	200 ng/ml
Cocaine Metabolite	EMIT	300 ng/ml	GC	300 ng/ml
Methadone	EMIT	300 ng/ml	GC	300 ng/ml
Opiates	EMIT	300 ng/ml	GC/MS	150 ng/ml
Phencyclidine	EMIT	25 ng/ml	GC/MS	25 ng/ml
Cannabinoid 100	EMIT	100 ng/ml	HPTLC	50 ng/ml

TEST RESULTS

Drug or Drug Class/ Analyte	Test Result	Drug or Drug Class/ Analyte	Test Result
Amphetamines		Cocaine Metabolite	
Amphetamine	negative	Benzoylecgonine	negative
Methamphetamine	negative	Methadone	
Barbiturates		Methadone	negative
Amobarbital	negative	Opiates	
Butabarbital	negative	Codeine	negative
Butalbital	negative	Hydromorphone	negative
Pentobarbital	negative	Morphine	negative
Phenobarbital	negative	Phencyclidine	
Secobarbital	negative	Phencyclidine	negative
Benzodiazepines		Cannabinoid 100	
ACB	negative	THC Metabolite	POSITIVE
MACB	negative		

SPECIMEN SEAL INTACT.

COMMENTS:

* TEST RESULT *
* POSITIVE *

I certify that the specimen identified by this accession number is the same specimen that bears the specimen identification barcode number set forth above, that the specimen has been examined upon receipt, handled and analyzed in accordance with applicable requirements, and that these results are for that specimen.

Results Certified by: STEPHEN HOLTZCLAW

Date: 03/26/93

LABORATORIES, INC.

1505-A O'Brien Drive, Menlo Park, CA 94025

CHAIN OF CUSTODY FOR DRUG ANALYSIS

FEL PROBATION

Specimen No. **007435929**

Keith A. Koenning, CUSPO
Federal Probation Office
310 Lakeside West, #400
Cleveland, OH 44113

APR 9 AIO: 52

Federal Probation

PLAINTIFF'S
EXHIBIT

B(24)

Account No.

100620101

JOHN CLEVELAND

Reason For Test (Check One)

☐ 01 Preemployment ☒ 02 Random ☐ 03 Post Accident ☐ 04 Periodic Medical ☐ 05 Reasonable Cause ☐ 06 Other Specify: _____

Specimen Type

☒ Urine ☐ Blood ☐ Urine and Blood

Split Sample (Collect only if required by Client)

☐ Yes ☒ No

(This information will appear only on plies 1,3.)

David LADD

(This information will appear on all copies.)

Date Collected

4/6/97

Social Security #

279-68-5742

Remarks Concerning Collection

Temperature

COLLECTOR CERTIFICATION: I certify that the specimen identified on this form is the specimen presented to me by the donor providing the certification below, that it bears the same identification number as set forth above and that it has been collected, labeled and sealed in accordance with the instructions provided.

Collector's Signature

DONOR CERTIFICATION AND CONSENT: I certify that the specimen accompanying this form is my own and that I provided it to the collector. Further, I certify that the specimen container was sealed with a tamperproof seal in my presence and that the information provided on this form and on the label is correct. Also, I consent to the analysis of the specimen accompanying this form by the laboratory and to the release by the laboratory of the results of the analysis as well as the information recorded on this form to the organization and/or individual listed on this form.

Donor's Signature or Initials



Apply ►
Barcode
vertically
on bottle

USE SECOND SEAL AND
BARCODE FOR BLOOD
OR SPLIT SAMPLE.

Person Shipping

Airbill #

Date Shipped

4/6/97

Ship
Specimen
To

PharmChem Laboratories, Inc.
1505-A O'Brien Drive
Menlo Park, CA 94025-1435

INSTRUCTIONS TO COLLECTOR

- Complete all unshaded areas of form.
- Affix tamperproof seal and barcode as illustrated.
- Ask donor to sign Donor Certification and Consent and Initial/sign tamperproof seal.
- Place specimen and laboratory copy of Chain of Custody form in shipping container.
- Keep specimen in secure storage until shipped.
- Distribute copies of Chain of Custody form as indicated on each copy.

SEND TO MEDICAL REVIEW OFFICER, IF APPLICABLE

PLY 1

ARMCHEM LABORATORIES, INC.

LABORATORY

505-A O'Brien Drive, Menlo Park, CA, 94025

REPORT

=====

COUNT NUMBER: 100620101 BARCODE NUMBER: 0007435929

RESULTS TO:

ATT: Keith A. Koenning, CUSPO

U.S. Probation Office

310 Lakeside West Ste 400

Cleveland, OH 44113

SPECIMEN ID:

SPECIMEN ID:

SPECIMEN DATE:

04/06/93

TEST TYPE:

LOCATION CODE:

ACCESSION NUMBER:

930165533

DATE RECEIVED:

04/10/93

DATE REPORTED:

04/14/93

Old Acct. No: FP 62A

=====

TEST METHODS AND DETECTION LEVELS

Drug or Drug Class	Initial Test		Confirmation Test	
	Method	CutOff	Method	CutOff

Amphetamines	EMIT	1000 ng/ml	GC/MS	250 ng/ml
Barbiturates	EMIT	200 ng/ml	GC	200 ng/ml
Benzodiazepines	EMIT	200 ng/ml	GC	200 ng/ml
Cocaine Metabolite	EMIT	300 ng/ml	GC	300 ng/ml
Methadone	EMIT	300 ng/ml	GC	300 ng/ml
Opiates	EMIT	300 ng/ml	GC/MS	150 ng/ml
Phencyclidine	EMIT	25 ng/ml	GC/MS	25 ng/ml
Cannabinoid 100	EMIT	100 ng/ml	HPTLC	50 ng/ml

=====

TEST RESULTS

Drug or Drug Class/ Analyte	Test Result	Drug or Drug Class/ Analyte	Test Result

Amphetamines		Cocaine Metabolite	
Amphetamine	negative	Benzoylecgonine	negative
Methamphetamine	negative	Methadone	
Barbiturates		Methadone	negative
Amobarbital	negative	Opiates	
Butabarbital	negative	Codeine	negative
Butalbital	negative	Hydromorphone	negative
Pentobarbital	negative	Morphine	negative
Phenobarbital	negative	Phencyclidine	
Secobarbital	negative	Phencyclidine	negative
Benzodiazepines		Cannabinoid 100	
ACB	negative	THC Metabolite	POSITIVE
MACB	negative		

SPECIMEN SEAL INTACT.

COMMENTS:

 * TEST RESULT *
 * POSITIVE *

I certify that the specimen identified by this accession number is the same specimen that bears the specimen identification barcode number set forth above, that the specimen has been examined upon receipt, handled and analyzed in accordance with applicable requirements, and that these results are for that specimen.

Results Certified by: STEPHEN HOLTZCLAW

Date: 04/14/93

FILED


JUL 1 1992

Richard M. Lawrence, Clerk
U. S. DISTRICT COURT
NORTHERN DISTRICT OF OKLAHOMA

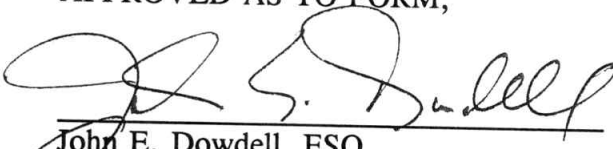
) No. 89-CR-83-05-E

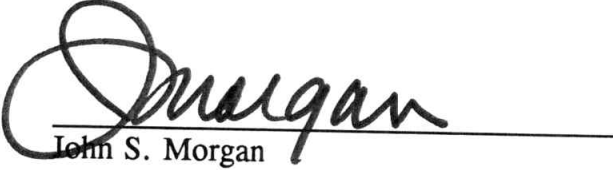
It Is Further Ordered that the defendant shall participate in the most confrontational program offered at this facility. Employment is permitted upon verification and approval by the program director and the U.S. Probation Office. Weekend passes shall be authorized only by the U.S. Probation Office.

IT IS SO ORDERED.


JAMES O. ELLISON, Chief
United States District Judge

APPROVED AS TO FORM;


John E. Dowdell, ESQ.
Attorney for Defendant


John S. Morgan
Assistant United States Attorney

JSM:lks

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF OKLAHOMA

FILED

JUN 15 1992

Richard M. Lawrence, Clerk
U. S. DISTRICT COURT
NORTHERN DISTRICT OF OKLAHOMA

UNITED STATES OF AMERICA,

Plaintiff,

vs.

DAVID ROYSE LADD,

Defendant.

No. 89-CR-83-05-E

DEFENDANT'S MEMORANDUM IN OPPOSITION
TO REVOCATION OF PROBATION

I.

Introduction

David Ladd was charged, in a one-count indictment, with conspiracy to manufacture, to possess with intent to distribute and to distribute methamphetamine, in violation of 21 U.S.C. §§ 846, 841(a)(1) and 853. Pursuant to a written plea agreement, Ladd ultimately entered a plea of guilty. Under that plea agreement the government agreed to advise the Court that Ladd had made a good faith effort to provide substantial assistance, if he in fact did so, thereby allowing the Court to depart downward from the sentencing guidelines. On May 10, 1990, the government filed a substantial assistance motion. In view of the § 5K1.1 motion, and "in light of all of the circumstances of this case," the Court departed from the sentencing guidelines downward and sentenced Ladd to probation for a period of five (5) years. (Transcript of Sentencing, p. 12).

On March 9, 1992, the United States Probation Department filed its "Petition on Probation" seeking action of the Court for Ladd's

alleged "abuse [of] marijuana." On April 20, 1992, the Probation Department amended its Petition based upon additional alleged "evidence of illicit drug use" occurring after the filing of the initial Petition.

II.

Standards Applicable to Revocation of Probation

Because the probation program is of such value to the federal criminal justice system, the decision to revoke should not be undertaken lightly. *United States v. Reed*, 573 F.2d 1020, 1024 (8th Cir. 1978). A decision concerning probation revocation must be made with regard to two central concerns -- the successful rehabilitation of the probationer and the safety of the community. *United States v. Dane*, 570 F.2d 840, 845 (9th Cir. 1977), cert. denied, 436 U.S. 959, 98 S.Ct. 3075 (1978). This requires the court to make predictions about the defendant's future behavior. Thus, if the court feels that the defendant cannot be counted on to avoid antisocial activity, probation may be revoked. *Reed*, supra, 573 F.2d at 1024.

Probation should not automatically be revoked upon a showing or admission by the defendant that a condition of probation has been violated. *United States v. Segal*, 549 F.2d 1293, 1298 (9th Cir. 1977). The entire situation must be considered so that society's interests are best met by the court's eventual action. *Sailer v. Gunn*, 387 F.Supp. 1367, 1374 (C.D. Cal. 1974); see also *Morrissey v. Brewer*, 408 U.S. 471, 484-488, 92 S.Ct. 2593, 2602-

2603 (1972). This is done by considering both the reasons underlying the original imposition of the conditions and the reasons leading to probationer's failure to comply with such conditions. *Genet v. United States*, 375 F.2d 960, 962 (10th Cir. 1967).

The Supreme Court has emphasized that in the administration of the probation statute the trial judge has "an exceptional degree of flexibility in determining whether to revoke probation." *United States v. Torrez-Flores*, 624 F.2d 776, 784 (7th Cir. 1980), citing *Burns v. United States*, 287 U.S. 216, 220, 53 S.Ct. 154, 155-56 (1932). In *Genet, supra*, the Tenth Circuit recognized that the power to revoke probation upon a finding of failure to comply with probation conditions lies solely within the discretion of the sentencing judge. 375 F.2d at 961-62. The court is given broad discretion in probation revocation proceedings so that each case can be individualized and given careful, humane, and comprehensive consideration in light of each offender's particular situation. *Burns, supra*, 287 U.S. at 200, 53 S.Ct. at 155-56. If the district court wishes to give the defendant a second chance on probation, it may exercise its discretion under 18 U.S.C. § 3565(a) and refuse revocation. See *United States v. Martin*, 786 F.2d 974, 976 n. 2 (10th Cir. 1986).

The statutory provision specifically at issue in these proceedings is the following excerpt from 18 U.S.C. § 3565(a):

Notwithstanding any other provision of this section, if a defendant is found by the court

to be in possession of a controlled substance, thereby violating the condition imposed by section 3563(a)(3), the court shall revoke the sentence of probation and sentence the defendant to not less than one-third of the original sentence.¹

¹ An issue exists as to what constitutes "possession" under this statute. In *United States v. Baclaan*, 948 F.2d 628 (9th Cir. 1991), the court recognized that neither § 3565(a) nor Congress clearly defined "possession." *Id.* at 630. However, Application Note 5 to § 7B1.4 of the sentencing guidelines provides:

The Commission leaves to the court the determination of whether evidence of drug usage established solely by laboratory analysis constitutes possession as set forth in 18 U.S.C. §§ 3565(a) and 3583(g)."

(Emphasis added). Though many courts have concluded that evidence of prior drug use can be considered as circumstantial evidence of "possession" within the meaning of §§ 3565(a) and 3583(g), see e.g. *United States v. Blackston*, 940 F.2d 877, 878-91 (3rd Cir. 1991); and *United States v. Ramos-Santiago*, 925 F.2d 15 (1st Cir. 1991), others have recognized that such circumstantial evidence merely tends to establish prior possession. See e.g. *Blackston*, *supra*, 940 F.2d at 891; *State v. Flinchbaugh*, 659 P.2d 208, 212 (Kan. 1983) (evidence of controlled substance in defendant's blood did not establish possession); *State v. Hornaday*, 713 P.2d 71, 75 (Wash. S.Ct. 1986) (once narcotic is injected into defendant's vein or swallowed orally, it is no longer in the control of the individual for purposes of "possession," but evidence of narcotics can be used circumstantially to show prior possession).

The California Court of Appeals has rejected the theory that "possession" can be established by circumstantial evidence of the defendant's use of a controlled substance. See *People v. Spann*, 187 Cal.App.3d 400, 406, 232 Cal.Rptr. 30, 34 (1986) ("Were we to accept evidence of recent past possession of narcotics as equivalent to proof of present possession of narcotics, then we could charge every addict who was currently hot with possession of a narcotic, since he must have had possession of the narcotic in the recent past in order to come under its influence.").

III.

Circumstances Warranting Denial of the Revocation of Probation Petition.

Due process requires the defendant be given the opportunity to show that mitigating circumstances suggest the violations do not warrant revocation. *United States v. Ferguson*, 624 F.2d 81, 83 (9th Cir. 1980); *Segal, supra*, 549 F.2d at 1298; see *Morrissey, supra*, 408 U.S. at 488, 92 S.Ct. at 2603. One of the most frequently cited mitigating factors is good faith. In *Genet, supra*, the Tenth Circuit held that "under many circumstances the good faith, or its lack, of the probationer's attempt to comply with the compulsions of the trial court's order will test the justness of an order of revocation." *Id.*, 375 F.2d at 962. Hence, if the court feels that defendant made a good faith effort to comply with probation conditions, a petition to revoke probation may properly be denied. Good faith is not a controlling factor, however, but only one of many factors the court should consider in determining whether to revoke probation. *Id.*; *United States v. McLeod*, 608 F.2d 1076, 1078 (5th Cir. 1979).

In *Bearden v. Georgia*, 461 U.S. 660, 103 S.Ct. 2064 (1983), the Supreme Court considered an additional mitigating circumstance -- lack of fault. Bearden was released on probation with a condition being that he pay restitution to the people he had burglarized. *Id.*, 461 U.S. at 660, 103 S.Ct. at 2066. After making one payment, Bearden was laid off from his job and was unable to make the remaining payments of restitution. Proceedings

were instituted to revoke probation. The state trial court granted revocation and the Georgia Court of Appeals affirmed the decision. The United States Supreme Court remanded the case to the trial court finding Bearden's lack of fault in his probation violation was a mitigating circumstance which should have been considered at the revocation hearing. *Id.*, 461 U.S. at 669, 103 S.Ct. at 2070. The Supreme Court held:

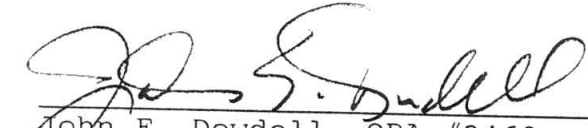
"If the probationer has made all reasonable efforts to pay the fine or restitution, and yet cannot do so through no fault of his own, it is fundamentally unfair to revoke probation automatically without considering whether adequate alternative methods of punishing the defendant are available. This lack of fault provides a substantial reason which justifies or mitigates the violation and makes revocation inappropriate."

461 U.S. at 668, 103 S.Ct. at 2070 (emphasis added).

Conclusion

The defendant will establish at the hearing on the Probation Department's Petition seeking to revoke his probation that he is no danger to the community. The question to be answered is whether the defendant can be rehabilitated. David Ladd is not a "hardened" offender, and the defendant submits that the ends of justice will be served most effectively by denying the Petition. The focus of our efforts should be on helping David Ladd, not giving up on him.

Respectfully submitted,



John E. Dowdell, OBA #2460
NORMAN & WOHLGEMUTH
2900 Mid-Continent Tower
Tulsa, Oklahoma 74103
(918) 583-7571

Attorney for Defendant,
David Royse Ladd


CERTIFICATE OF MAILING

I hereby certify that on this 15th day of June, 1992, I mailed a true and correct copy of the above and foregoing instrument to:

John S. Morgan
Assistant United States Attorney
3600 Federal Courthouse
333 West Fourth Street
Tulsa, Oklahoma 74103

Scott Kallenberger
United States Probation Officer
United States Courthouse
333 West Fourth Street
Tulsa, Oklahoma 74101

by depositing said copy in the United States Mail, with proper postage thereon prepaid.



John E. Dowdell

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF OKLAHOMA

FILED

MAY 11 1992

Richard M. Lawrence, Clerk
U. S. DISTRICT COURT
NORTHERN DISTRICT OF OKLAHOMA

UNITED STATES OF AMERICA,

Plaintiff,

vs.

DAVID ROYSE LADD,

Defendant.

No. 89-CR-083-005-E

O R D E R

The Court has for its consideration defendant's unopposed application to reschedule the hearing set on the United States Probation Department's Amended Petition on Probation ("Petition"). The Petition is currently set to be heard on May 15, 1992, at 10:00 a.m. Upon consideration of the Application, the lack of objection by the government and the Probation Department, and for good cause shown, it is hereby ordered that the May 15 hearing is stricken and rescheduled for June 5, 1992, at 1:00 p.m.

DATED this 8th day of May, 1992.


JAMES O. ELLISON, CHIEF JUDGE

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF OKLAHOMA

FILED

MAY -7 1992

RODOLPH M. LAWRENCE
CLERK
U.S. DISTRICT COURT
NORTHERN DISTRICT OF OK

UNITED STATES OF AMERICA,

Plaintiff,

vs.

DAVID ROYSE LADD,

Defendant.

No. 89-CR-083-005-E

UNOPPOSED APPLICATION TO RESCHEDULE HEARING

The defendant, David Royse Ladd, by and through his counsel of record, John E. Dowdell, hereby respectfully requests that the Court reschedule the hearing on the United States Probation Department's application for revocation of parole. The hearing is currently set for May 15 at 10:00 a.m. In support of this Application, the defendant states:

1. By order entered May 5, 1992, the Court rescheduled the hearing on the Probation Department's application for revocation of parole from May 13 to May 15. The newly scheduled date creates conflicts for both the Assistant United States Attorney and defense counsel. Specifically, the Assistant United States Attorney, John S. Morgan, is committed to be in Manhattan, Kansas, at his daughter's graduation from Kansas State University on May 15. Likewise, the undersigned, pursuant to a long-standing commitment, will be in Edinburgh, Scotland, on other business.

2. Counsel has consulted with Mr. Morgan and with Scott Kallenberger of the United States Probation Department, neither of whom object to the requested rescheduling.

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3. The defendant, who resides in Canton, Ohio, requests that the hearing be rescheduled for a time at least three (3) weeks beyond May 15.

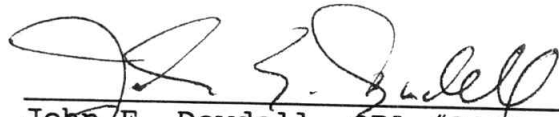
4. In addition to defense counsel's scheduling conflicts, defendant's counsel has arranged for a comprehensive psychological evaluation of the defendant. The defendant submits that the results of this evaluation may be relevant to the Court's resolution of the issues presented by the petition to revoke Mr. Ladd's parole.

5. So that, if appropriate, the psychologist evaluating Mr. Ladd may testify, a local psychologist has been engaged to evaluate the defendant.* Mr. Ladd is currently scheduled to meet with the psychologist on the afternoon of May 12. The psychologist has indicated to the undersigned that it may be necessary to continue his session with the defendant on May 13, and that additional time will be required to analyze the information gathered during these sessions.

WHEREFORE, the defendant, David Royse Ladd, hereby respectfully seeks to reschedule the May 15, 1992, hearing on the Probation Department's application to revoke parole, for a period of at least 21 days, in order to accommodate completion of an expert evaluation and to avoid scheduling conflicts.

* Concurrent with the filing of this application, the defendant has filed an appropriate form under the Criminal Justice Act seeking authorization from the Court for the referenced expert psychological assistance.

Respectfully submitted,



John E. Dowdell, OBA #2460
NORMAN & WOHLGEMUTH
2900 Mid-Continent Tower
Tulsa, Oklahoma 74103
(918) 583-7571

Attorney for Defendant,
David Royse Ladd


CERTIFICATE OF MAILING

I hereby certify that on this 7th day of May, 1992, I mailed a true and correct copy of the above and foregoing instrument to:

John S. Morgan
Assistant United States Attorney
3600 Federal Courthouse
333 West Fourth Street
Tulsa, Oklahoma 74103

Scott Kallenberger
United States Probation Officer
United States Courthouse
333 West Fourth Street
Tulsa, Oklahoma 74101

by depositing said copy in the United States Mail, with proper postage thereon prepaid.


John E. Dowdell

FILED

APR 20 1992

Richard M. Lawrence, Clerk
U. S. DISTRICT COURT
NORTHERN DISTRICT OF OKLAHOMA

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF OKLAHOMA

U.S.A. vs. David Royce Ladd

DOCKET NO. 89-CR-083-005-E

AMENDED PETITION ON PROBATION AND SUPERVISED RELEASE

COMES NOW Scott Kallenberger PROBATION OFFICER OF THE COURT presenting an official report upon the conduct and attitude of David Royce Ladd who was placed on supervision by the Honorable James O. Ellison sitting in the court at Tulsa, Oklahoma, on the 15th day of May, 1988, who fixed the period of supervision at five years probationary sentence, and imposed the general terms and conditions theretofore adopted by the court and also imposed special conditions and terms as follows:

That the defendant participate in a program for the treatment of substance abuse at the discretion of the U. S. Probation Office.

That the defendant reside in and actively participate in a program of residential drug treatment as directed by the U. S. Probation Office, until discharged by the director.

RESPECTFULLY PRESENTING PETITION FOR ACTION OF COURT FOR CAUSE AS FOLLOWS:

On March 6, 1992, the Court considered and ordered the issuance of a Summons for Ladd to appear before the Court to show cause why his probation should not be revoked based on positive urine test results for marijuana occurring in January and early February, 1992.

Based on evidence of illicit drug use on the part of the probationer both prior to, and since the presentation of evidence causing the aforementioned Petition, said Petition on Probation Action is amended as set forth in Attachment hereto and herein incorporated by reference.

RE: David Royce LADD

89-CR-83-005-E

A T T A C H M E N T

The defendant has violated the following condition of probation:

RULE NO. 8 OF STANDARD CONDITIONS OF SUPERVISION: "THE DEFENDANT SHALL REFRAIN FROM EXCESSIVE USE OF ALCOHOL AND SHALL NOT PURCHASE, POSSESS, USE, DISTRIBUTE, OR ADMINISTER ANY NARCOTIC OR OTHER CONTROLLED SUBSTANCE, OR ANY PARAPHERNALIA RELATED TO SUCH SUBSTANCE, EXCEPT AS PRESCRIBED BY A PHYSICIAN."

David Royce Ladd presented urine samples on December 3, 1991, December 6, 1991, December 13, 1991, December 20, 1991, December 27, 1991, December 31, 1991, January 3, 1992, January 10, 1992, January 13, 1992, January 17, 1992, January 21, 1992, January 24, 1992, February 7, 1992, February 14, 1992, February 21, 1992, March 3, 1992, March 5, 1992, March 10, 1992, and March 24, 1992, all of which tested positive for the presence of marijuana. All told, Ladd has submitted nineteen urine samples which tested positive for a Schedule I Controlled drug.

This Petition is base on the following facts:

Attached hereto as Exhibit A and incorporated by reference is a true copy of the Conditions of Probation which were read and reviewed by this officer and provided to the defendant on May 15, 1990. This document is signed by Ladd acknowledging that he has been provided, and fully understood, the Conditions of Probation.

On July 17, 1990, supervision of Ladd was transferred to the U. S. Probation Office, Northern District of Ohio, Cleveland, Ohio.

On May 31, 1991, the probation office for the Northern District of Ohio submitted a Violation Report alleging that on March 16, 1991, Ladd submitted a positive urine sample for Benzodiazepines, and on April 22, 1991, the probationer submitted another positive urine sample, this time for Cocaine and Morphine. Based on these positive tests results, the probation office for the Northern District of Ohio recommended modifications of the Conditions of Probation. On May 30, 1991, Ladd waived his right to a hearing on these alleged violations of probation, and agreed to modifications of his Conditions of Probation, to include a condition that he reside in and actively participate in a program of residential drug treatment as directed by the U. S. Probation Office, and that he participate in mental health counseling. On June 12, 1991, U. S. District Court Judge James O. Ellison executed the Petition on Probation Action amending the defendant's Conditions of Probation to include the aforementioned special conditions.

As directed by the probation office for the Northern District of Ohio, Ladd entered into a medical detoxification program at Glenbeigh Hospital from August 6, 1991, until August 9, 1991. On August 9, 1991, Ladd voluntarily entered a ninety day residential drug treatment program at Donofrio House. He was successfully discharged from this program on November 1, 1991.

On January 16, 1992, the probation office for the Northern District of Ohio presented a Violation Report concerning Ladd to the probation office for the Northern District of Oklahoma. This report outlined six positive urine tests in December 1991, and one positive urine test in January 1992, all for the presence of marijuana. No action was recommended based on the placement of Ladd into Phase I counseling, the most intensive level of counseling with Associates in Behavior Management, Incorporated.

On February 19, 1992, prior to advising the Court of the violations as set out in the report dated January 16, 1992, the probation office for the Northern District of Ohio submitted a third Violation Report alleging further illicit drug use on the part of the defendant. Based on the defendant's continued drug use, the probation office in Ohio withdrew its earlier recommendation for no action, and recommended that Ladd be called to appear before the Court to show cause why his probation should not be revoked. This violation report was the basis for the Petition on Probation Action executed by the Court on March 6, 1992.

Since presentation of evidence dated February 19, 1992, outlining illicit drug use on the part of the defendant, additional positive urine tests have been submitted by Ladd, and are the basis for this Amended Petition.

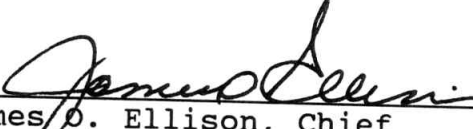
Attached hereto as Exhibit B(1) through (19) and incorporated by reference are true and correct copies of PharmChem Laboratories, Incorporated, Chain of Custody for Drug Analysis forms and Tests Results forms evidencing the nineteen positive urine samples as alleged.

Attached hereto as Exhibit C and incorporated by reference is a true and correct copy of the "Monthly Urinalysis Log" concerning David Royce Ladd. This log evidences negative urinalysis results occurring on February 11, 1992, February 25, 1992, February 28, 1992, March 6, 1992, and March 13, 1992. Each of the aforementioned urine samples were tested for the presence of Cannabinoids.


PRAYING THAT THE COURT WILL ORDER that the Petition on Probation Action concerning the conduct of David Royce Ladd filed in open Court on March 9, 1992, be amended to include additional allegations of illicit drug use as described in the Attachment to this Petition. The defendant has been summoned to appear in U. S. District Court for the Northern District of Oklahoma on April 14, 1992, at 1:00 p.m.

ORDER OF COURT

Considered and ordered this
14 day of April 1992
and ordered filed and made a
part of the records in the
above case.


James O. Ellison, Chief
U. S. District Judge

Respectfully,


Scott Kallenberger, Senior
U.S. Probation Officer

Place Tulsa, Oklahoma

Date April 7, 1992

Conditions of Probation and Supervised Release

UNITED STATES DISTRICT COURT

FOR THE

NORTHERN DISTRICT OF OKLAHOMA

RECEIVED
APR 09 1992

U. S. PROBATION OFFICE
NO DIST OF OKLA.



Name David Royse Ladd
2100 Harrisburg Road
Address Canton, Ohio 44721

Docket No. 89-CR-083-05-E

Under the terms of your sentence, you have been placed on probation/~~supervised release~~ (strike one) by the Honorable James O. Ellison, United States District Judge for the District of Northern/OK (Tulsa). Your term of supervision is for a period of Five (5) Years, commencing May 15, 1990.

While on probation/~~supervised release~~ (strike one), you shall not commit another Federal, state, or local crime and shall not illegally possess a controlled substance. Revocation of probation and supervised release is mandatory for possession of a controlled substance.

CHECK IF APPROPRIATE:

- ☐ As a condition of supervision, you are instructed to pay a fine in the amount of _____; it shall be paid in the following manner _____.
- ☐ As a condition of supervision, you are instructed to pay restitution in the amount of _____ to _____; it shall be paid in the following manner _____.
- ☒ The defendant shall not possess a firearm or destructive device. Probation must be revoked for possession of a firearm.
- ☐ The defendant shall report in person to the probation office in the district to which the defendant is released within 72 hours of release from the custody of the Bureau of Prisons.
- ☐ The defendant shall report in person to the probation office in the district of release within 72 hours of release from the custody of the Bureau of Prisons.

It is the order of the Court that you shall comply with the following standard conditions:

- (1) You shall not leave the judicial district without permission of the court or probation officer;
- (2) You shall report to the probation officer as directed by the court or probation officer, and shall submit a truthful and complete written report within the first five days of each month;
- (3) You shall answer truthfully all inquiries by the probation officer and follow the instructions of the probation officer;

(4) You shall support your dependents and meet other family responsibilities;

(5) You shall work regularly at a lawful occupation unless excused by the probation officer for schooling, training, or other acceptable reasons;

(6) You shall notify the probation officer within seventy-two hours of any change in residence or employment;

(7) You shall refrain from excessive use of alcohol and shall not purchase, possess, use, distribute, or administer any narcotic or other controlled substance, or any paraphernalia related to such substances, except as prescribed by a physician; **You shall submit to urinalysis as directed by the U. S. Probation Office.**

(8) You shall not frequent places where controlled substances are illegally sold, used, distributed, or administered;

(9) You shall not associate with any persons engaged in criminal activity, and shall not associate with any person convicted of a felony unless granted permission to do so by the probation officer;

(10) You shall permit a probation officer to visit you at any time at home or elsewhere, and shall permit confiscation of any contraband observed in plain view by the probation officer;

(11) You shall notify the probation officer within seventy-two hours of being arrested or questioned by a law enforcement officer;

(12) You shall not enter into any agreement to act as an informer or a special agent of a law enforcement agency without the permission of the court;

(13) As directed by the probation officer, you shall notify third parties of risks that may be occasioned by your criminal record or personal history or characteristics, and shall permit the probation officer to make such notifications and to confirm your compliance with such notification requirement.

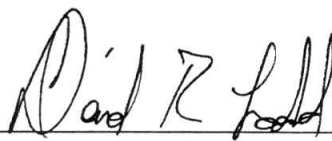
The special conditions ordered by the court are as follows:

That the defendant participate in a program for the treatment of substance abuse at the discretion of the U. S. Probation Office.

Upon a finding of a violation of probation or supervised release, I understand that the Court may (1) revoke supervision or (2) extend the term of supervision and/or modify the conditions of supervision.

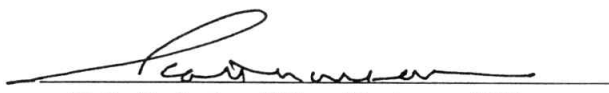
These conditions have been read to me. I fully understand the conditions, and have been provided a copy of them.

(Signed)



Defendant

5/15/90
Date


U.S. Probation Officer/Designated Witness

5/15/90
Date



LABORATORIES, INC.

1505-A O'Brien Drive, Menlo Park, CA 94025

CHAIN OF CUSTODY FOR DRUG ANALYSIS

FED PROBATION

Specimen No.

0004629571

Results Name and Address

Keith A. Koenning, Chief Prob. Off
Federal Probation Office668 Euclid Avenue #605
Cleveland, OH 44114

OHIO CLEVELAND

Employer's Name and Address

Federal Probation

Account No.

100620303

Collection Site and Address

ABM

Special Tests Requested

THC



Location Code:

Reason For Test (Check One)

☐ 01 Preemployment☒ 02 Random☐ 03 Post
Accident☐ 04 Periodic
Medical☐ 05 Reasonable
Cause☐ 06 Other
Specify: _____

Specimen Type

☒ Urine☐ Blood☐ Urine and Blood

Split Sample (Collect only if required by Client)

☐ Yes☒ No

Specimen Identification (This information will appear only on plies 1,3.)

Date Collected

12/3/91

Specimen Identification (This information will appear on all copies.)

Social Security #

279-68-5742

Remarks Concerning Collection

Temperature

COLLECTOR CERTIFICATION: I certify that the specimen identified on this form is the specimen presented to me by the donor providing the certification below, that it bears the same identification number as set forth above and that it has been collected, labeled and sealed in accordance with the instructions provided.

Collector's Signature

DONOR CERTIFICATION AND CONSENT: I certify that the specimen accompanying this form is my own and that I provided it to the collector. Further, I certify that the specimen container was sealed with a tamperproof seal in my presence and that the information provided on this form and on the label is correct. Also, I consent to the analysis of the specimen accompanying this form by the laboratory and to the release by the laboratory of the results of the analysis as well as the information recorded on this form to the organization and/or individual listed on this form.

Donor's Signature or Initials

COLLECTOR COMPLETES

DONOR COMPLETES



Apply ►
Barcode
vertically
on bottle



COLLECTOR'S SIGNATURE

PLACE
OVER CAP
OF
SPECIMEN

SPECIMEN NO. 0004629571

S

DONOR'S SIGNATURE OR INITIALS

Shipper

Airbill #

Date Shipped

12/3/91

Ship
Specimen
ToPharmChem Laboratories, Inc.
1505-A O'Brien Drive
Menlo Park, CA 94025-1435

INSTRUCTIONS TO COLLECTOR

- Complete all unshaded areas of form.
- Affix tamperproof seal and barcode as illustrated.
- Ask donor to sign Donor Certification and Consent and initial/sign tamperproof seal.
- Place specimen and laboratory copy of Chain of Custody form in shipping container.
- Keep specimen in secure storage until shipped.
- Distribute copies of Chain of Custody form as indicated on each copy.

SEND TO MEDICAL REVIEW OFFICE, IF APPLICABLE

PLY 1

PHARMCHEM LABORATORIES, INC.

LABORATORY

1505-A O'Brien Drive, Menlo Park, CA, 94025

REPORT

=====

ACCOUNT NUMBER:	100620303	BARCODE NUMBER:	00462957:
SEND TO:		SPECIMEN ID:	
ATT: Keith A. Koenning		SPECIMEN ID:	
Federal Probation Office		SPECIMEN DATE: 12/03/9:	
668 Euclid Ave., Rm. 605		TEST TYPE:	
Cleveland, OH 44114		LOCATION CODE:	
		ACCESSION NUMBER: 00406353(
		DATE RECEIVED: 12/07/9:	
Old Acct. No: FP 62C		DATE REPORTED: 12/10/9:	

=====

TEST METHODS AND DETECTION LEVELS

Drug or	Initial Test		Confirmation Test	
Drug Class	Method	CutOff	Method	CutOff
Amphetamines	EMIT	1000 ng/ml	GC/MS	250 ng/ml
Barbiturates	EMIT	300 ng/ml	GC	500 ng/ml
Benzodiazepines	EMIT	300 ng/ml	GC	200 ng/ml
Cocaine Metabolite	EMIT	300 ng/ml	GC	300 ng/ml
Methadone	EMIT	300 ng/ml	GC	300 ng/ml
Opiates	EMIT	300 ng/ml	GC/MS	150 ng/ml
Phencyclidine	EMIT	25 ng/ml	GC/MS	25 ng/ml
Cannabinoid 100	EMIT	100 ng/ml	HPTLC	50 ng/ml

=====

TEST RESULTS

Drug or	Test	Drug or	Test
---------	------	---------	------

Drug class	Result	Drug class	Result
=====			
Amphetamines		Cocaine Metabolite	
Amphetamine	negative	Benzoylecgonine	negative
Methamphetamine	negative	Methadone	
Barbiturates		Methadone	negative
Amobarbital	negative	Opiates	
Butabarbital	negative	Codeine	negative
Butalbital	negative	Hydromorphone	negative
Pentobarbital	negative	Morphine	negative
Phenobarbital	negative	Phencyclidine	
Secobarbital	negative	Phencyclidine	negative
Benzodiazepines		Cannabinoid 100	
ACB	negative	THC Metabolite	POSITIVE
MACB	negative		

COMMENTS:

 * TEST RESULT *
 * POSITIVE *

I certify that the specimen identified by this accession number is the same specimen that bears the specimen identification barcode number set forth above, that the specimen has been examined upon receipt, handled and analyzed in accordance with applicable requirements, and that these results are for that specimen.

Results Certified by: SUZANNE SAMPSON

Date: 12/10/91

=====



LABORATORIES, INC.

1505-A O'Brien Drive, Menlo Park, CA 94025

CHAIN OF CUSTODY FOR DRUG ANALYSIS

2

FED PROBATION

Specimen No.

0004629574

Employer's Name and Address

Federal Probation

Account No.

100620303

Special Tests Requested

THC



Results Name and Address

Keith A. Koenning, Chief Prob. Off
Federal Probation Office

668 Euclid Avenue #605
Cleveland, OH 44114

Collection Site and Address

ABM

Location Code:

Reason For Test (Check One)

☐ 01 Preemployment

☒ 02 Random

☐ 03 Post Accident

☐ 04 Periodic Medical

☐ 05 Reasonable Cause

☐ 06 Other Specify: _____

Specimen Type

☒ Urine

☐ Blood

☐ Urine and Blood

Split Sample (Collect only if required by Client)

☐ Yes

☒ No

Specimen Identification (This information will appear only on plies 1,3.)

Ladd

Specimen Identification (This information will appear on all copies.)

Date Collected

12/6/91

Social Security #

279-68-5742

Temperature

Remarks Concerning Collection

COLLECTOR CERTIFICATION: I certify that the specimen identified on this form is the specimen presented to me by the donor providing the certification below, that it bears the same identification number as set forth above and that it has been collected, labeled and sealed in accordance with the instructions provided.

Collector's Signature

DONOR CERTIFICATION AND CONSENT: I certify that the specimen accompanying this form is my own and that I provided it to the collector. Further, I certify that the specimen container was sealed with a tamperproof seal in my presence and that the information provided on this form and on the label is correct. Also, I consent to the analysis of the specimen accompanying this form by the laboratory and to the release by the laboratory of the results of the analysis as well as the information recorded on this form to the organization and/or individual listed on this form.

Donor's Signature or Initials

COLLECTOR COMPLETES

DONOR COMPLETES



Apply ►
Barcode
vertically
on bottle



COLLECTOR'S SIGNATURE

PLACE
OVER CAP
OF
SPECIMEN

SPECIMEN NO. 0004629574

S

DONOR'S SIGNATURE OR INITIALS

Shipper

Airbill #

Date Shipped

12/6/91

Ship
Specimen
To

PharmChem Laboratories, Inc.
1505-A O'Brien Drive
Menlo Park, CA 94025-1435

INSTRUCTIONS TO COLLECTOR

Complete all unshaded areas of form.

Affix tamperproof seal and barcode as illustrated.

Ask donor to sign Donor Certification and Consent and initial/sign tamperproof seal.

Place specimen and laboratory copy of Chain of Custody form in shipping container.

Keep specimen in secure storage until shipped.

Distribute copies of Chain of Custody form as indicated on each copy.

PHARMCHEM LABORATORIES, INC.

LABORATORY

1505-A O'Brien Drive, Menlo Park, CA, 94025

REPORT

```

=====
ACCOUNT NUMBER:          100620303  BARCODE NUMBER:          004629574

SEND TO:                  SPECIMEN ID:
ATT: Keith A. Koenning    SPECIMEN ID:
Federal Probation Office  SPECIMEN DATE:          12/06/91
668 Euclid Ave., Rm. 605  TEST TYPE:
Cleveland, OH    44114    LOCATION CODE:

                                ACCESSION NUMBER:          004093179
                                DATE RECEIVED:          12/12/91
Old Acct. No:  FP 62C      DATE REPORTED:          12/13/91
=====
  
```

TEST METHODS AND DETECTION LEVELS

Drug or Drug Class	Initial Test		Confirmation Test	
	Method	CutOff	Method	CutOff
Amphetamines	EMIT	1000 ng/ml	GC/MS	250 ng/ml
Barbiturates	EMIT	300 ng/ml	GC	500 ng/ml
Benzodiazepines	EMIT	300 ng/ml	GC	200 ng/ml
Cocaine Metabolite	EMIT	300 ng/ml	GC	300 ng/ml
Methadone	EMIT	300 ng/ml	GC	300 ng/ml
Opiates	EMIT	300 ng/ml	GC/MS	150 ng/ml
Phencyclidine	EMIT	25 ng/ml	GC/MS	25 ng/ml
Cannabinoid 100	EMIT	100 ng/ml	HPTLC	50 ng/ml

TEST RESULTS

Drug or	Test	Drug or	Test
---------	------	---------	------

Drug class	Result	Drug class	Result
=====			
Amphetamines		Cocaine Metabolite	
Amphetamine	negative	Benzoylecgonine	negative
Methamphetamine	negative	Methadone	
Barbiturates		Methadone	negative
Amobarbital	negative	Opiates	
Butabarbital	negative	Codeine	negative
Butalbital	negative	Hydromorphone	negative
Pentobarbital	negative	Morphine	negative
Phenobarbital	negative	Phencyclidine	
Secobarbital	negative	Phencyclidine	negative
Benzodiazepines		Cannabinoid 100	
ACB	negative	THC Metabolite	POSITIVE
MACB	negative		

COMMENTS:

 * TEST RESULT *
 * POSITIVE *

I certify that the specimen identified by this accession number is the same specimen that bears the specimen identification barcode number set forth above, that the specimen has been examined upon receipt, handled and analyzed in accordance with applicable requirements, and that these results are for that specimen.

Results Certified by: LING LIU

Date: 12/13/91

=====

1505-A O'Brien Drive, Menlo Park, CA 94025

CHAIN OF CUSTODY FOR DRUG ANALYSIS

FED PROBATION

Specimen No.

0004629586

Results Name and Address

Keith A. Koenning, Chief Prob. Off
Federal Probation Office

668 Euclid Avenue #605
Cleveland, OH 44114

Employer's Name and Address

Federal Probation

Account No.

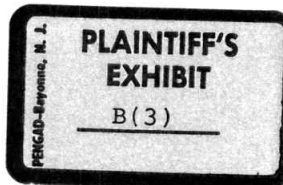
100620303

Collection Site and Address

ABM

Special Tests Requested

TAC



Location Code:

Reason For Test (Check One)

☐ 01 Preemployment

☒ 02 Random

☐ 03 Accident

☐ 04 Medical

☐ 05 Cause

☐ 06 Other Specify: _____

Specimen Type

☒ Urine

☐ Blood

☐ Urine and Blood

Split Sample (Collect only if required by Client)

☐ Yes

☒ No

Specimen Identification (This information will appear only on plies 1,3.)

Ladd

Date Collected

12/13/91

Specimen Identification (This information will appear on all copies.)

Social Security #

279-68-5742

Remarks Concerning Collection

Temperature

COLLECTOR CERTIFICATION: I certify that the specimen identified on this form is the specimen presented to me by the donor providing the certification below, that it bears the same identification number as set forth above and that it has been collected, labeled and sealed in accordance with the instructions provided.

Collector's Signature

Jeffrey A. Dragovich

DONOR CERTIFICATION AND CONSENT: I certify that the specimen accompanying this form is my own and that I provided it to the collector. Further, I certify that the specimen container was sealed with a tamperproof seal in my presence and that the information provided on this form and on the label is correct. Also, I consent to the analysis of the specimen accompanying this form by the laboratory and to the release by the laboratory of the results of the analysis as well as the information recorded on this form to the organization and/or individual listed on this form.

Donor's Signature or Initials

Donor's Signature



Apply ►
Barcode
vertically
on bottle



0004629586S

USE SECOND SEAL AND
BARCODE FOR BLOOD
OR SPLIT SAMPLE.

COLLECTOR'S SIGNATURE

PLACE
OVER CAP
OF
SPECIMEN

SPECIMEN NO. 0004629586

S

DONOR'S SIGNATURE OR INITIALS

Shipper

Airbill #

Date Shipped

12/13/91

Ship
Specimen
To

PharmChem Laboratories, Inc.
1505-A O'Brien Drive
Menlo Park, CA 94025-1435

INSTRUCTIONS TO COLLECTOR

- Complete all unshaded areas of form.
- Affix tamperproof seal and barcode as illustrated.
- Ask donor to sign Donor Certification and Consent and initial/sign tamperproof seal.
- Place specimen and laboratory copy of Chain of Custody form in shipping container.
- Keep specimen in secure storage until shipped.
- Distribute copies of Chain of Custody form as indicated on each copy.

PHARMICHEM LABORATORIES, INC.

LABORATORY

1505-A O'Brien Drive, Menlo Park, CA, 94025

REPORT

=====

ACCOUNT NUMBER: 100620303 BARCODE NUMBER: 004629586

SEND TO:

ATT: Keith A. Koenning, CUSPO
U.S. Probation Office
310 Lakeside West Ste 400
Cleveland, OH 44113

SPECIMEN ID:

SPECIMEN ID:

SPECIMEN DATE:

12/13/91

TEST TYPE:

LOCATION CODE:

ACCESSION NUMBER:

004134648

DATE RECEIVED:

12/19/91

DATE REPORTED:

12/20/91

Old Acct. No: FP 62C

=====

TEST METHODS AND DETECTION LEVELS

Drug or Drug Class	Initial Test		Confirmation Test	
	Method	CutOff	Method	CutOff
Amphetamines	EMIT	1000 ng/ml	GC/MS	250 ng/ml
Barbiturates	EMIT	300 ng/ml	GC	500 ng/ml
Benzodiazepines	EMIT	300 ng/ml	GC	200 ng/ml
Cocaine Metabolite	EMIT	300 ng/ml	GC	300 ng/ml
Methadone	EMIT	300 ng/ml	GC	300 ng/ml
Opiates	EMIT	300 ng/ml	GC/MS	150 ng/ml
Phencyclidine	EMIT	25 ng/ml	GC/MS	25 ng/ml
Cannabinoid 100	EMIT	100 ng/ml	HPTLC	50 ng/ml

=====

TEST RESULTS

Drug or Drug class	Test Result	Drug or Drug class	Test Result
Amphetamines		Cocaine Metabolite	
Amphetamine	negative	Benzoylecgonine	negative
Methamphetamine	negative	Methadone	
Barbiturates		Methadone	negative
Amobarbital	negative	Opiates	
Butabarbital	negative	Codeine	negative
Butalbital	negative	Hydromorphone	negative
Pentobarbital	negative	Morphine	negative
Phenobarbital	negative	Phencyclidine	
Secobarbital	negative	Phencyclidine	negative
Benzodiazepines		Cannabinoid 100	
ACB	negative	THC Metabolite	POSITIVE
MACB	negative		

COMMENTS:

* TEST RESULT *
* POSITIVE *

I certify that the specimen identified by this accession number is the same specimen that bears the specimen identification barcode number set forth above, that the specimen has been examined upon receipt, handled and analyzed in accordance with applicable requirements, and that these results are for that specimen.

Results Certified by: LING LIU

Date: 12/20/91



LABORATORIES, INC.

1505-A O'Brien Drive, Menlo Park, CA 94025

CHAIN OF CUSTODY FOR DRUG ANALYSIS

FED PROBATION

Specimen No.

0004629526

Results Name and Address

Keith A. Koenning, Chief Prob. Off
Federal Probation Office

668 Euclid Avenue #605
Cleveland, OH 44114

Employer's Name and Address

Federal Probation

Account No.

100620303

Collection Site and Address

ABM

Special Tests Requested

TRE

PLAINTIFF'S
EXHIBIT

B(4)

Location Code:

Reason For Test (Check One)

☐ 01 Preemployment

☒ 02 Random

☐ 03 Accident

☐ 04 Periodic Medical

☐ 05 Reasonable Cause

☐ 06 Other Specify: _____

Specimen Type

☒ Urine

☐ Blood

☐ Urine and Blood

Split Sample (Collect only if required by Client)

☐ Yes

☒ No

Specimen Identification (This information will appear only on plies 1,3.)

Ladd

Date Collected

12/20/91

Specimen Identification (This information will appear on all copies.)

Social Security #

274-68-5742

Remarks Concerning Collection

Temperature

COLLECTOR CERTIFICATION: I certify that the specimen identified on this form is the specimen presented to me by the donor providing the certification below, that it bears the same identification number as set forth above and that it has been collected, labeled and sealed in accordance with the instructions provided.

Collector's Signature

Jeffrey A. Dragovich

DONOR CERTIFICATION AND CONSENT: I certify that the specimen accompanying this form is my own and that I provided it to the collector. Further, I certify that the specimen container was sealed with a tamperproof seal in my presence and that the information provided on this form and on the label is correct. Also, I consent to the analysis of the specimen accompanying this form by the laboratory and to the release by the laboratory of the results of the analysis as well as the information recorded on this form to the organization and/or individual listed on this form.

Donor's Signature or Initials

Dan R. Hobbs



Apply ►
Barcode
vertically
on bottle

USE SECOND SEAL AND
BARCODE FOR BLOOD
OR SPLIT SAMPLE.



0004629526S

COLLECTOR'S SIGNATURE

PLACE
OVER CAP
OF
SPECIMEN

SPECIMEN NO. 0004629526

S

DONOR'S SIGNATURE OR INITIALS

Shipper

Airbill #

Date Shipped

Ship
Specimen
To

PharmChem Laboratories, Inc.
1505-A O'Brien Drive
Menlo Park, CA 94025-1435

INSTRUCTIONS TO COLLECTOR

- Complete all unshaded areas of form.
- Affix tamperproof seal and barcode as illustrated.
- Ask donor to sign Donor Certification and Consent and initial/sign tamperproof seal.
- Place specimen and laboratory copy of Chain of Custody form in shipping container.
- Keep specimen in secure storage until shipped.
- Distribute copies of Chain of Custody form as indicated on each copy.

PLY 1

PHARMCHEM LABORATORIES, INC.
LABORATORY
1505-A O'Brien Drive, Menlo Park, CA, 94025

REPORT

ACCOUNT NUMBER: 100620303 BARCODE NUMBER: 004629526

SEND TO: ATT: Keith A. Koenning, CUSPO
U.S. Probation Office
310 Lakeside West Ste 400
Cleveland, OH 44113

SPECIMEN ID:
SPECIMEN ID:
SPECIMEN DATE: 12/20/91
TEST TYPE:
LOCATION CODE:

Old Acct. No: FP 62C

ACCESSION NUMBER: 004171066
DATE RECEIVED: 12/27/91
DATE REPORTED: 01/01/92

TEST METHODS AND DETECTION LEVELS

Drug or Drug Class	Initial Test		Confirmation Test	
	Method	CutOff	Method	CutOff
Amphetamines	EMIT	1000 ng/ml	GC/MS	250 ng/ml
Barbiturates	EMIT	300 ng/ml	GC	500 ng/ml
Benzodiazepines	EMIT	300 ng/ml	GC	200 ng/ml
Cocaine Metabolite	EMIT	300 ng/ml	GC	300 ng/ml
Methadone	EMIT	300 ng/ml	GC	300 ng/ml
Opiates	EMIT	300 ng/ml	GC/MS	150 ng/ml
Phencyclidine	EMIT	25 ng/ml	GC/MS	25 ng/ml
Cannabinoid 100	EMIT	100 ng/ml	HPTLC	50 ng/ml

TEST RESULTS

Drug or Drug class	Test Result	Drug or Drug class	Test Result
Amphetamines		Cocaine Metabolite	
Amphetamine	negative	Benzoyllecgonine	negative
Methamphetamine	negative	Methadone	
Barbiturates		Methadone	negative
Amobarbital	negative	Opiates	
Butabarbital	negative	Codeine	negative
Butalbital	negative	Hydromorphone	negative
Pentobarbital	negative	Morphine	negative
Phenobarbital	negative	Phencyclidine	
Secobarbital	negative	Phencyclidine	negative
Benzodiazepines		Cannabinoid 100	
ACB	negative	THC Metabolite	POSITIVE
MACB	negative		

COMMENTS:

* TEST RESULT *
* POSITIVE *

I certify that the specimen identified by this accession number is the same specimen that bears the specimen identification barcode number set forth above, that the specimen has been examined upon receipt, handled and analyzed in accordance with applicable requirements, and that these results are for that specimen.

Results Certified by: LORRIE SEDILLOS

Date: 01/01/92



LABORATORIES, INC.

1505-A O'Brien Drive, Menlo Park, CA 94025

CHAIN OF CUSTODY FOR DRUG ANALYSIS

FED PROBATION

Specimen No.

0004629538

Results Name and Address

Keith A. Koenning, Chief Prob. Off
Federal Probation Office

668 Euclid Avenue #605
Cleveland, OH 44114

Employer's Name and Address

Federal Probation

Account No.

100620303

Collection Site and Address

ABM

Special Tests Requested

TAC



Location Code:

Reason For Test (Check One)

☐ 01 Preemployment

☒ 02 Random

☐ 03 Post Accident

☐ 04 Periodic Medical

☐ 05 Reasonable Cause

☐ 06 Other Specify: _____

Specimen Type

☒ Urine

☐ Blood

☐ Urine and Blood

Split Sample (Collect only if required by Client)

☐ Yes

☒ No

Specimen Identification (This information will appear only on plies 1,3.)

Ladd

Date Collected

12/27/91

Specimen Identification (This information will appear on all copies.)

Social Security #

279-68-5742

Remarks Concerning Collection

Temperature

COLLECTOR CERTIFICATION: I certify that the specimen identified on this form is the specimen presented to me by the donor providing the certification below, that it bears the same identification number as set forth above and that it has been collected, labeled and sealed in accordance with the instructions provided.

Collector's Signature

Jeffrey A. Dragovich

DONOR CERTIFICATION AND CONSENT: I certify that the specimen accompanying this form is my own and that I provided it to the collector. Further, I certify that the specimen container was sealed with a tamperproof seal in my presence and that the information provided on this form and on the label is correct. Also, I consent to the analysis of the specimen accompanying this form by the laboratory and to the release by the laboratory of the results of the analysis as well as the information recorded on this form to the organization and/or individual listed on this form.

Donor's Signature or Initials

Rad R. [Signature]



Apply ►
Barcode
vertically
on bottle

USE SECOND SEAL AND
BARCODE FOR BLOOD
OR SPLIT SAMPLE.



COLLECTOR'S SIGNATURE

PLACE
OVER CAP
OF
SPECIMEN

SPECIMEN NO. 0004629538

S

DONOR'S SIGNATURE OR INITIALS

Shipper

Airbill #

Date Shipped

12/27/91

Ship
Specimen
To

PharmChem Laboratories, Inc.
1505-A O'Brien Drive
Menlo Park, CA 94025-1435

INSTRUCTIONS TO COLLECTOR

- Complete all unshaded areas of form.
- Affix tamperproof seal and barcode as illustrated.
- Ask donor to sign Donor Certification and Consent and initial/sign tamperproof seal.
- Place specimen and laboratory copy of Chain of Custody form in shipping container.
- Keep specimen in secure storage until shipped.
- Distribute copies of Chain of Custody form as indicated on each copy.

PLY 1

PHARMCHEM LABORATORIES, INC.
LABORATORY

1505-A O'Brien Drive, Menlo Park, CA, 94025

REPORT
ABM

ACCOUNT NUMBER: 100620303 BARCODE NUMBER: 004629538

SEND TO: ATT: Keith A. Koenning, CUSPO
U.S. Probation Office
310 Lakeside West Ste 400
Cleveland, OH 44113

SPECIMEN ID:
SPECIMEN ID:
SPECIMEN DATE: 12/27/91
TEST TYPE:
LOCATION CODE:

ACCESSION NUMBER: 004197820
DATE RECEIVED: 01/03/92
DATE REPORTED: 01/03/92

Old Acct. No: FP 62C

TEST METHODS AND DETECTION LEVELS

Drug or Drug Class	Initial Test		Confirmation Test	
	Method	CutOff	Method	CutOff
Amphetamines	EMIT	1000 ng/ml	GC/MS	250 ng/ml
Barbiturates	EMIT	300 ng/ml	GC	500 ng/ml
Benzodiazepines	EMIT	300 ng/ml	GC	200 ng/ml
Cocaine Metabolite	EMIT	300 ng/ml	GC	300 ng/ml
Methadone	EMIT	300 ng/ml	GC	300 ng/ml
Opiates	EMIT	300 ng/ml	GC/MS	150 ng/ml
Phencyclidine	EMIT	25 ng/ml	GC/MS	25 ng/ml
Cannabinoid 100	EMIT	100 ng/ml	HPTLC	50 ng/ml

TEST RESULTS

Drug or Drug class	Test Result	Drug or Drug class	Test Result
Amphetamines		Cocaine Metabolite	
Amphetamine	negative	Benzoylecgonine	negative
Methamphetamine	negative	Methadone	
Barbiturates		Methadone	negative
Amobarbital	negative	Opiates	
Butabarbital	negative	Codeine	negative
Butalbital	negative	Hydromorphone	negative
Pentobarbital	negative	Morphine	negative
Phenobarbital	negative	Phencyclidine	
Secobarbital	negative	Phencyclidine	negative
Benzodiazepines		Cannabinoid 100	
ACB	negative	THC Metabolite	POSITIVE
MACB	negative		

COMMENTS:

* TEST RESULT *
* POSITIVE *

I certify that the specimen identified by this accession number is the same specimen that bears the specimen identification barcode number set forth above, that the specimen has been examined upon receipt, handled and analyzed in accordance with applicable requirements, and that these results are for that specimen.

Results Certified by: LING LIU

Date: 01/03/92

1505-A O'Brien Drive, Menlo Park, CA 94025

CHAIN OF CUSTODY FOR DRUG ANALYSIS

FED PROBATION

Specimen No.

0004629542

Results Name and Address

Keith A. Koenning, Chief Prob. Off
Federal Probation Office

668 Euclid Avenue #605
Cleveland, OH 44114

Employer's Name and Address

Federal Probation

Account No.

100620303

Collection Site and Address

ABM

ALL: 01

Special Tests Requested

THC



Location Code:

9

Reason For Test (Check One)

☐ 01 Preemployment

☒ 02 Random

☐ 03 Post Accident

☐ 04 Periodic Medical

☐ 05 Reasonable Cause

☐ 06 Other Specify: _____

Specimen Type

☒ Urine

☐ Blood

☐ Urine and Blood

Split Sample (Collect only if required by Client)

☐ Yes

☒ No

Specimen Identification (This information will appear only on plies 1,3.)

Ladd

Date Collected

12/31/91

Specimen Identification (This information will appear on all copies.)

Social Security #

279-68-5742

Remarks Concerning Collection

Temperature

COLLECTOR CERTIFICATION: I certify that the specimen identified on this form is the specimen presented to me by the donor providing the certification below, that it bears the same identification number as set forth above and that it has been collected, labeled and sealed in accordance with the instructions provided.

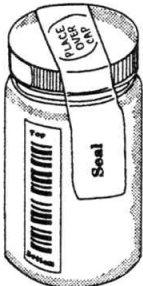
Collector's Signature

Jeffrey A. Dragovich

DONOR CERTIFICATION AND CONSENT: I certify that the specimen accompanying this form is my own and that I provided it to the collector. Further, I certify that the specimen container was sealed with a tamperproof seal in my presence and that the information provided on this form and on the label is correct. Also, I consent to the analysis of the specimen accompanying this form by the laboratory and to the release by the laboratory of the results of the analysis as well as the information recorded on this form to the organization and/or individual listed on this form.

Donor's Signature or Initials

David R. Hadad



Apply ►
Barcode
vertically
on bottle

USE SECOND SEAL AND
BARCODE FOR BLOOD
OR SPLIT SAMPLE.



COLLECTOR'S SIGNATURE

PLACE
OVER CAP
OF
SPECIMEN

SPECIMEN NO. 0004629542

S

DONOR'S SIGNATURE OR INITIALS

Shipper

Airbill #

Date Shipped

Ship
Specimen
To

PharmChem Laboratories, Inc.
1505-A O'Brien Drive
Menlo Park, CA 94025-1435

INSTRUCTIONS TO COLLECTOR

- Complete all unshaded areas of form.
- Affix tamperproof seal and barcode as illustrated.
- Ask donor to sign Donor Certification and Consent and initial/sign tamperproof seal.
- Place specimen and laboratory copy of Chain of Custody form in shipping container.
- Keep specimen in secure storage until shipped.
- Distribute copies of Chain of Custody form as indicated on each copy.

PHARMCHEM LABORATORIES, INC.
 LABORATORY
 1505-A O'Brien Drive, Menlo Park, CA, 94025

REPORT

=====

ACCOUNT NUMBER:	100620303	BARCODE NUMBER:	004629542
-----------------	-----------	-----------------	-----------

=====

SEND TO:	SPECIMEN ID:	
ATT: Keith A. Koenning, CUSPO	SPECIMEN ID:	
U.S. Probation Office	SPECIMEN DATE:	12/31/91
310 Lakeside West Ste 400	TEST TYPE:	
Cleveland, OH 44113	LOCATION CODE:	
	ACCESSION NUMBER:	004210999
	DATE RECEIVED:	01/06/92
Old Acct. No: FP 62C	DATE REPORTED:	01/09/92

=====

TEST METHODS AND DETECTION LEVELS				
Drug or Drug Class	Initial Test		Confirmation Test	
	Method	CutOff	Method	CutOff
Amphetamines	EMIT	1000 ng/ml	GC/MS	250 ng/ml
Barbiturates	EMIT	300 ng/ml	GC	500 ng/ml
Benzodiazepines	EMIT	300 ng/ml	GC	200 ng/ml
Cocaine Metabolite	EMIT	300 ng/ml	GC	300 ng/ml
Methadone	EMIT	300 ng/ml	GC	300 ng/ml
Opiates	EMIT	300 ng/ml	GC/MS	150 ng/ml
Phencyclidine	EMIT	25 ng/ml	GC/MS	25 ng/ml
Cannabinoid 100	EMIT	100 ng/ml	HPTLC	50 ng/ml

=====

TEST RESULTS			
Drug or Drug class	Test Result	Drug or Drug class	Test Result
Amphetamines		Cocaine Metabolite	
Amphetamine	negative	Benzoylecgonine	negative
Methamphetamine	negative	Methadone	
Barbiturates		Methadone	negative
Amobarbital	negative	Opiates	
Butabarbital	negative	Codeine	negative
Butalbital	negative	Hydromorphone	negative
Pentobarbital	negative	Morphine	negative
Phenobarbital	negative	Phencyclidine	
Secobarbital	negative	Phencyclidine	negative
Benzodiazepines		Cannabinoid 100	
ACB	negative	THC Metabolite	POSITIVE
MACB	negative		

COMMENTS:

 * TEST RESULT *
 * POSITIVE *

I certify that the specimen identified by this accession number is the same specimen that bears the specimen identification barcode number set forth above, that the specimen has been examined upon receipt, handled and analyzed in accordance with applicable requirements, and that these results are for that specimen.

Results Certified by: SUZANNE SAMPSON
 Date: 01/09/92



LABORATORIES, INC.

J'Brien Drive, Menlo Park, CA 94025

CHAIN OF CUSTODY FOR DRUG ANALYSIS

FED PROBATION

Specimen No.

0004629549

Results Name and Address

Keith A. Koenning, Chief Prob. Off
Federal Probation Office

668 Euclid Avenue #605
Cleveland, OH 44114

Employer's Name and Address

Federal Probation

Account No.

100620303

Collection Site and Address

ABM

Special Tests Requested

THC



Location Code:

Reason For Test (Check One)

☐ 01 Preemployment

☒ 02 Random

☐ 03 Accident

☐ 04 Periodic Medical

☐ 05 Reasonable Cause

☐ 06 Other Specify: _____

Specimen Type

☒ Urine

☐ Blood

☐ Urine and Blood

Split Sample (Collect only if required by Client)

☐ Yes

☒ No

Specimen Identification (This information will appear only on plies 1,3.)

Ladd

Date Collected

1/3/92

Specimen Identification (This information will appear on all copies.)

Social Security #

279-68-5742

Remarks Concerning Collection

Temperature

COLLECTOR CERTIFICATION: I certify that the specimen identified on this form is the specimen presented to me by the donor providing the certification below, that it bears the same identification number as set forth above and that it has been collected, labeled and sealed in accordance with the instructions provided.

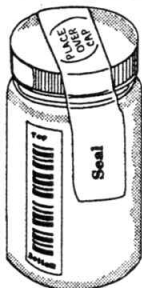
Collector's Signature

Jeffrey A. Dragovich

DONOR CERTIFICATION AND CONSENT: I certify that the specimen accompanying this form is my own and that I provided it to the collector. Further, I certify that the specimen container was sealed with a tamperproof seal in my presence and that the information provided on this form and on the label is correct. Also, I consent to the analysis of the specimen accompanying this form by the laboratory and to the release by the laboratory of the results of the analysis as well as the information recorded on this form to the organization and/or individual listed on this form.

Donor's Signature or Initials

Charles R. Ladd



Apply ►
Barcode
vertically
on bottle



USE SECOND SEAL AND
BARCODE FOR BLOOD
OR SPLIT SAMPLE.

COLLECTOR'S SIGNATURE

PLACE
OVER CAP
OF
SPECIMEN

SPECIMEN NO. 0004629549

S

DONOR'S SIGNATURE OR INITIALS

Shipper

Airbill #

Date Shipped

Ship
Specimen
To

PharmChem Laboratories, Inc.
1505-A O'Brien Drive
Menlo Park, CA 94025-1435

INSTRUCTIONS TO COLLECTOR

- Complete all unshaded areas of form.
- Affix tamperproof seal and barcode as illustrated.
- Ask donor to sign Donor Certification and Consent and initial/sign tamperproof seal.
- Place specimen and laboratory copy of Chain of Custody form in shipping container.
- Keep specimen in secure storage until shipped.

HARLEM LABORATORIES, INC.
LABORATORY
505-A O'Brien Drive, Menlo Park, CA, 94025

REPORT

=====

CCOUNT NUMBER:	100620303	BARCODE NUMBER:	004629549
----------------	-----------	-----------------	-----------

END TO:	SPECIMEN ID:
ATT: Keith A. Koenning, CUSPO	SPECIMEN ID:
U.S. Probation Office	SPECIMEN DATE: 01/03/92
310 Lakeside West Ste 400	TEST TYPE:
Cleveland, OH 44113	LOCATION CODE:

	ACCESSION NUMBER:	004215692
Old Acct. No: FP 62C	DATE RECEIVED:	01/06/92
	DATE REPORTED:	01/08/92

=====

TEST METHODS AND DETECTION LEVELS

Drug or Drug Class	Initial Test		Confirmation Test	
	Method	CutOff	Method	CutOff
Amphetamines	EMIT	1000 ng/ml	GC/MS	250 ng/ml
Barbiturates	EMIT	300 ng/ml	GC	500 ng/ml
Benzodiazepines	EMIT	300 ng/ml	GC	200 ng/ml
Cocaine Metabolite	EMIT	300 ng/ml	GC	300 ng/ml
Methadone	EMIT	300 ng/ml	GC	300 ng/ml
Opiates	EMIT	300 ng/ml	GC/MS	150 ng/ml
Phencyclidine	EMIT	25 ng/ml	GC/MS	25 ng/ml
Cannabinoid 100	EMIT	100 ng/ml	HPTLC	50 ng/ml

=====

TEST RESULTS

Drug or Drug class	Test Result	Drug or Drug class	Test Result
Amphetamines		Cocaine Metabolite	
Amphetamine	negative	Benzoylecgonine	negative
Methamphetamine	negative	Methadone	
Barbiturates		Methadone	negative
Amobarbital	negative	Opiates	
Butabarbital	negative	Codeine	negative
Butalbital	negative	Hydromorphone	negative
Pentobarbital	negative	Morphine	negative
Phenobarbital	negative	Phencyclidine	
Secobarbital	negative	Phencyclidine	negative
Benzodiazepines		Cannabinoid 100	
ACB	negative	THC Metabolite	POSITIVE
MACB	negative		

COMMENTS:

* TEST RESULT *
* POSITIVE *

I certify that the specimen identified by this accession number is the same specimen that bears the specimen identification barcode number set forth above, that the specimen has been examined upon receipt, handled and analyzed in accordance with applicable requirements, and that these results are for that specimen.

Results Certified by: LING LIU

Date: 01/08/92



LABORATORIES, INC.

1505-A O'Brien Drive, Menlo Park, CA 94025

CHAIN OF CUSTODY FOR DRUG ANALYSIS

FED PROBATION

Specimen No. 0004629560

Results Name and Address

Keith A. Koenning, Chief Prob. Off
Federal Probation Office

668 Euclid Avenue #605
Cleveland, OH 44114

Employer's Name and Address

Federal Probation

Account No. 100620303

Collection Site and Address

ARM

Special Tests Requested

THC



Location Code:

Reason For Test (Check One)

☐ 01 Preemployment ☒ 02 Random ☐ 03 Post Accident ☐ 04 Periodic Medical ☐ 05 Reasonable Cause ☐ 06 Other Specify: _____

Specimen Type

☒ Urine ☐ Blood ☐ Urine and Blood

Split Sample (Collect only if required by Client)

☐ Yes ☒ No

Specimen Identification (This information will appear only on plies 1,3.)

Ladd

Date Collected

1/10/92

Specimen Identification (This information will appear on all copies.)

Social Security #

279-68-5742

Remarks Concerning Collection

Temperature

COLLECTOR CERTIFICATION: I certify that the specimen identified on this form is the specimen presented to me by the donor providing the certification below, that it bears the same identification number as set forth above and that it has been collected, labeled and sealed in accordance with the instructions provided.

Collector's Signature

Jeffrey A. Dragovich

DONOR CERTIFICATION AND CONSENT: I certify that the specimen accompanying this form is my own and that I provided it to the collector. Further, I certify that the specimen container was sealed with a tamperproof seal in my presence and that the information provided on this form and on the label is correct. Also, I consent to the analysis of the specimen accompanying this form by the laboratory and to the release by the laboratory of the results of the analysis as well as the information recorded on this form to the organization and/or individual listed on this form.

Donor's Signature or Initials

Paul R. Hadd



Apply ►
Barcode
vertically
on bottle

USE SECOND SEAL AND
BARCODE FOR BLOOD
OR SPLIT SAMPLE.



COLLECTOR'S SIGNATURE

PLACE
OVER CAP
OF
SPECIMEN

SPECIMEN NO. 0004629560 S

DONOR'S SIGNATURE OR INITIALS

Shipper

Airbill #

Date Shipped

1/10/92

Ship
Specimen
To

PharmChem Laboratories, Inc.
1505-A O'Brien Drive
Menlo Park, CA 94025-1435

INSTRUCTIONS TO COLLECTOR

- Complete all unshaded areas of form.
- Affix tamperproof seal and barcode as illustrated.
- Ask donor to sign Donor Certification and Consent and initial/sign tamperproof seal.
- Place specimen and laboratory copy of Chain of Custody form in shipping container.
- Keep specimen in secure storage until shipped.
- Distribute copies of Chain of Custody form as indicated on each copy.

SEND TO MEDICAL REVIEW OFFICE, IF APPLICABLE

PLY 1

HARMCHEM LABORATORIES, INC.
LABORATORY
505-A O'Brien Drive, Menlo Park, CA, 94025

REPORT

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CCOUNT NUMBER:	100620303	BARCODE NUMBER:	004629560
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END TO:	SPECIMEN ID:
ATT: Keith A. Koenning, CUSPO	SPECIMEN ID:
U.S. Probation Office	SPECIMEN DATE: 01/10/92
310 Lakeside West Ste 400	TEST TYPE:
Cleveland, OH 44113	LOCATION CODE:
	ACCESSION NUMBER: 004257641
	DATE RECEIVED: 01/14/92
Old Acct. No: FP 62C	DATE REPORTED: 01/17/92

=====

TEST METHODS AND DETECTION LEVELS

Drug or Drug Class	Initial Test		Confirmation Test	
	Method	CutOff	Method	CutOff
Amphetamines	EMIT	1000 ng/ml	GC/MS	250 ng/ml
Barbiturates	EMIT	300 ng/ml	GC	500 ng/ml
Benzodiazepines	EMIT	300 ng/ml	GC	200 ng/ml
Cocaine Metabolite	EMIT	300 ng/ml	GC	300 ng/ml
Methadone	EMIT	300 ng/ml	GC	300 ng/ml
Opiates	EMIT	300 ng/ml	GC/MS	150 ng/ml
Phencyclidine	EMIT	25 ng/ml	GC/MS	25 ng/ml
Cannabinoid 100	EMIT	100 ng/ml	HPTLC	50 ng/ml

=====

TEST RESULTS

Drug or Drug class	Test Result	Drug or Drug class	Test Result
Amphetamines		Cocaine Metabolite	
Amphetamine	negative	Benzoylecgonine	negative
Methamphetamine	negative	Methadone	
Barbiturates		Methadone	negative
Amobarbital	negative	Opiates	
Butabarbital	negative	Codeine	negative
Butalbital	negative	Hydromorphone	negative
Pentobarbital	negative	Morphine	negative
Phenobarbital	negative	Phencyclidine	
Secobarbital	negative	Phencyclidine	negative
Benzodiazepines		Cannabinoid 100	
ACB	negative	THC Metabolite	POSITIVE
MACB	negative		

COMMENTS:

* TEST RESULT *
* POSITIVE *

I certify that the specimen identified by this accession number is the same specimen that bears the specimen identification barcode number set forth above, that the specimen has been examined upon receipt, handled and analyzed in accordance with applicable requirements, and that these results are for that specimen.

Results Certified by: MIKE MCMANAMON

Date: 01/17/92

1505-A O'Brien Drive, Menlo Park, CA 94025

CHAIN OF CUSTODY FOR DRUG ANALYSIS

FED PROBATION

Specimen No. **0004930428**

Results Name and Address

Keith A. Koenning, Chief Prob. Off
Federal Probation Office

668 Euclid Avenue #605
Cleveland, OH 44114

Employer's Name and Address

Federal Probation

Account No. **100620101**

Collection Site and Address

Team II

Special Tests Requested

-THC



Location Code:

COLLECTOR COMPLETES

Reason For Test (Check One)

☐ 01 Preemployment ☒ 02 Random ☐ 03 Post Accident ☐ 04 Periodic Medical ☐ 05 Reasonable Cause ☐ 06 Other Specify: _____

Specimen Type

☐ Urine ☐ Blood ☐ Urine and Blood

Split Sample (Collect only if required by Client)

☐ Yes ☐ No

Specimen Identification (This information will appear only on plies 1,3.)

LADD, David

Date Collected

1-13-92

Specimen Identification (This information will appear on all copies.)

Social Security #

Remarks Concerning Collection

Temperature

COLLECTOR CERTIFICATION: I certify that the specimen identified on this form is the specimen presented to me by the donor providing the certification below, that it bears the same identification number as set forth above and that it has been collected, labeled and sealed in accordance with the instructions provided.

Philip Schneider
Collector's Signature

DONOR COMPLETES

DONOR CERTIFICATION AND CONSENT: I certify that the specimen accompanying this form is my own and that I provided it to the collector. Further, I certify that the specimen container was sealed with a tamperproof seal in my presence and that the information provided on this form and on the label is correct. Also, I consent to the analysis of the specimen accompanying this form by the laboratory and to the release by the laboratory of the results of the analysis as well as the information recorded on this form to the organization and/or individual listed on this form.

David Ladd
Donor's Signature or Initials



Apply ►
Barcode
vertically
on bottle

COLLECTOR'S SIGNATURE

(PLACE OVER
CAP OF
SPECIMEN)

SPECIMEN NO. **0004930428**

DONOR'S SIGNATURE OR INITIALS
PharmChem Laboratories, Inc.

USE SECOND SEAL AND
BARCODE FOR BLOOD
OR SPLIT SAMPLE.

Shipper	Airbill #	Date Shipped	Ship Specimen To	PharmChem Laboratories, Inc. 1505-A O'Brien Drive Menlo Park, CA 94025-1435
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INSTRUCTIONS TO COLLECTOR

- Complete all unshaded areas of form.
- Affix tamperproof seal and barcode as illustrated.
- Ask donor to sign Donor Certification and Consent and initial/sign tamperproof seal.
- Place specimen and laboratory copy of Chain of Custody form in shipping container.
- Keep specimen in secure storage until shipped.
- Distribute copies of Chain of Custody form as indicated on each copy.

SEND TO MEDICAL REVIEW OFFICE IF APPLICABLE

PHARMCHEM LABORATORIES, INC.
 LABORATORY
 1505-A O'Brien Drive, Menlo Park, CA, 94025

REPORT

ACCOUNT NUMBER: 100620101 BARCODE NUMBER: 004930428

SEND TO: SPECIMEN ID:
 ATT: Keith A. Koenning, CUSPO SPECIMEN ID:
 U.S. Probation Office SPECIMEN DATE: 01/13/92
 310 Lakeside West Ste 400 TEST TYPE:
 Cleveland, OH 44113 LOCATION CODE:

Old Acct. No: FP 62A
 ACCESSION NUMBER: 004282830
 DATE RECEIVED: 01/18/92
 DATE REPORTED: 01/22/92

TEST METHODS AND DETECTION LEVELS

Drug or Drug Class	Initial Test		Confirmation Test	
	Method	CutOff	Method	CutOff
Amphetamines	EMIT	1000 ng/ml	GC/MS	250 ng/ml
Barbiturates	EMIT	300 ng/ml	GC	500 ng/ml
Benzodiazepines	EMIT	300 ng/ml	GC	200 ng/ml
Cocaine Metabolite	EMIT	300 ng/ml	GC	300 ng/ml
Methadone	EMIT	300 ng/ml	GC	300 ng/ml
Opiates	EMIT	300 ng/ml	GC/MS	150 ng/ml
Phencyclidine	EMIT	25 ng/ml	GC/MS	25 ng/ml
Cannabinoid 100	EMIT	100 ng/ml	HPTLC	50 ng/ml

TEST RESULTS

Drug or Drug class	Test Result	Drug or Drug class	Test Result
Amphetamines		Cocaine Metabolite	
Amphetamine	negative	Benzoylecgonine	negative
Methamphetamine	negative	Methadone	
Barbiturates		Methadone	negative
Amobarbital	negative	Opiates	
Butabarbital	negative	Codeine	negative
Butalbital	negative	Hydromorphone	negative
Pentobarbital	negative	Morphine	negative
Phenobarbital	negative	Phencyclidine	
Secobarbital	negative	Phencyclidine	negative
Benzodiazepines		Cannabinoid 100	
ACB	negative	THC Metabolite	POSITIVE
MACB	negative		

COMMENTS:

 * TEST RESULT *
 * POSITIVE *

I certify that the specimen identified by this accession number is the same specimen that bears the specimen identification barcode number set forth above, that the specimen has been examined upon receipt, handled and analyzed in accordance with applicable requirements, and that these results are for that specimen.

Results Certified by: LING LIU

Date: 01/22/92

1505-A O'Brien Drive, Menlo Park, CA 94025

CHAIN OF CUSTODY FOR DRUG ANALYSIS

FED PROBATION

Specimen No. **0004929424**

Results Name and Address

Keith A. Koenning, Chief Prob. Off
Federal Probation Office

668 Euclid Avenue #605
Cleveland, OH 44114

Employer's Name and Address

Federal Probation

Account No.

100620101

Collection Site and Address

ABM

Special Tests Requested

THC



Location Code:

Reason For Test (Check One)

☐ 01 Preemployment ☒ 02 Random ☐ 03 Accident ☐ 04 Periodic Medical ☐ 05 Reasonable Cause ☐ 06 Other Specify: _____

Specimen Type

☒ Urine ☐ Blood ☐ Urine and Blood

Split Sample (Collect only if required by Client)

☐ Yes ☒ No

Specimen Identification (This information will appear only on plies 1,3.)

Ladd

Date Collected

1/17/92

Specimen Identification (This information will appear on all copies.)

Social Security #

279-68-5742

Remarks Concerning Collection

Temperature

COLLECTOR CERTIFICATION: I certify that the specimen identified on this form is the specimen presented to me by the donor providing the certification below, that it bears the same identification number as set forth above and that it has been collected, labeled and sealed in accordance with the instructions provided.

Collector's Signature

Jeffrey A. Dragovich

DONOR CERTIFICATION AND CONSENT: I certify that the specimen accompanying this form is my own and that I provided it to the collector. Further, I certify that the specimen container was sealed with a tamperproof seal in my presence and that the information provided on this form and on the label is correct. Also, I consent to the analysis of the specimen accompanying this form by the laboratory and to the release by the laboratory of the results of the analysis as well as the information recorded on this form to the organization and/or individual listed on this form.

Donor's Signature or Initials

Robert P. Hall



Apply ►
Barcode
vertically
on bottle



USE SECOND SEAL AND
BARCODE FOR BLOOD
OR SPLIT SAMPLE.

COLLECTOR'S SIGNATURE



SPECIMEN NO. **0004929424**

S

DONOR'S SIGNATURE OR INITIALS

Shipper

Airbill #

Date Shipped

Ship
Specimen
To

PharmChem Laboratories, Inc.
1505-A O'Brien Drive
Menlo Park, CA 94025-1435

INSTRUCTIONS TO COLLECTOR

- Complete all unshaded areas of form.
- Affix tamperproof seal and barcode as illustrated.
- Ask donor to sign Donor Certification and Consent and initial/sign tamperproof seal.
- Place specimen and laboratory copy of Chain of Custody form in shipping container.
- Keep specimen in secure storage until shipped.
- Distribute copies of Chain of Custody form as indicated on each copy.

SEND TO MEDICAL REVIEW OFFICER IF APPLICABLE

PHARMCHEM LABORATORIES, INC.
LABORATORY
1505-A O'Brien Drive, Menlo Park, CA, 94025

ABM

REPORT

=====

ACCOUNT NUMBER:	100620101	BARCODE NUMBER:	004929424
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SEND TO:	SPECIMEN ID:
ATT: Keith A. Koenning, CUSPO	SPECIMEN ID:
U.S. Probation Office	SPECIMEN DATE: 01/17/92
310 Lakeside West Ste 400	TEST TYPE:
Cleveland, OH 44113	LOCATION CODE:
	ACCESSION NUMBER: 004300590
	DATE RECEIVED: 01/22/92
Old Acct. No: FP 62A	DATE REPORTED: 01/24/92

=====

TEST METHODS AND DETECTION LEVELS

Drug or Drug Class	Initial Test		Confirmation Test	
	Method	CutOff	Method	CutOff
Amphetamines	EMIT	1000 ng/ml	GC/MS	250 ng/ml
Barbiturates	EMIT	300 ng/ml	GC	500 ng/ml
Benzodiazepines	EMIT	300 ng/ml	GC	200 ng/ml
Cocaine Metabolite	EMIT	300 ng/ml	GC	300 ng/ml
Methadone	EMIT	300 ng/ml	GC	300 ng/ml
Opiates	EMIT	300 ng/ml	GC/MS	150 ng/ml
Phencyclidine	EMIT	25 ng/ml	GC/MS	25 ng/ml
Cannabinoid 100	EMIT	100 ng/ml	HPTLC	50 ng/ml

=====

TEST RESULTS

Drug or Drug class	Test Result	Drug or Drug class	Test Result
Amphetamines		Cocaine Metabolite	
Amphetamine	negative	Benzoylecgonine	negative
Methamphetamine	negative	Methadone	
Barbiturates		Methadone	negative
Amobarbital	negative	Opiates	
Butabarbital	negative	Codeine	negative
Butalbital	negative	Hydromorphone	negative
Pentobarbital	negative	Morphine	negative
Phenobarbital	negative	Phencyclidine	
Secobarbital	negative	Phencyclidine	negative
Benzodiazepines		Cannabinoid 100	
ACB	negative	THC Metabolite	POSITIVE
MACB	negative		

COMMENTS:

* TEST RESULT *
* POSITIVE *

I certify that the specimen identified by this accession number is the same specimen that bears the specimen identification barcode number set forth above, that the specimen has been examined upon receipt, handled and analyzed in accordance with applicable requirements, and that these results are for that specimen.

Results Certified by: LING LIU

Date: 01/24/92



LABORATORIES, Inc.

1505-A O'Brien Drive, Menlo Park, CA 94025

CHAIN OF CUSTODY FOR DRUG ANALYSIS

FED PROBATION

Specimen No. **0004929419**

Results Name and Address

Keith A. Koenning, Chief Prob. Off
Federal Probation Office

668 Euclid Avenue #605
Cleveland, OH 44114

02 JAN 21 P 1:21
ST

Employer's Name and Address

Federal Probation

Account No. **100620101**

Collection Site and Address

ABM

Special Tests Requested

THC



Location Code:

COLLECTOR COMPLETES

Reason For Test (Check One)

☐ 01 Preemployment ☒ 02 Random ☐ 03 Accident ☐ 04 Medical ☐ 05 Cause ☐ 06 Specify: _____

Specimen Type

☒ Urine ☐ Blood ☐ Urine and Blood

Split Sample (Collect only if required by Client)

☐ Yes ☒ No

Specimen Identification (This information will appear only on plies 1,3.)

Ladd

Date Collected

1/14/92

Specimen Identification (This information will appear on all copies.)

Social Security #

279-68-5742

Remarks Concerning Collection

Temperature

COLLECTOR CERTIFICATION: I certify that the specimen identified on this form is the specimen presented to me by the donor providing the certification below, that it bears the same identification number as set forth above and that it has been collected, labeled and sealed in accordance with the instructions provided.

Collector's Signature

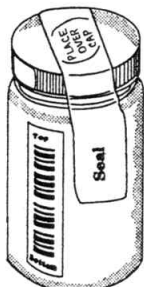
Jeffrey A. Dragovich

DONOR COMPLETES

DONOR CERTIFICATION AND CONSENT: I certify that the specimen accompanying this form is my own and that I provided it to the collector. Further, I certify that the specimen container was sealed with a tamperproof seal in my presence and that the information provided on this form and on the label is correct. Also, I consent to the analysis of the specimen accompanying this form by the laboratory and to the release by the laboratory of the results of the analysis as well as the information recorded on this form to the organization and/or individual listed on this form.

Donor's Signature or Initials

Robert R. Ladd

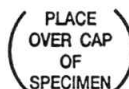


Apply ►
Barcode
vertically
on bottle



USE SECOND SEAL AND
BARCODE FOR BLOOD
OR SPLIT SAMPLE.

COLLECTOR'S SIGNATURE



SPECIMEN NO. **0004929419** **S**

DONOR'S SIGNATURE OR INITIALS

Shipper

Airbill #

Date Shipped

Ship
Specimen
To

PharmChem Laboratories, Inc.
1505-A O'Brien Drive
Menlo Park, CA 94025-1435

INSTRUCTIONS TO COLLECTOR

- Complete all unshaded areas of form.
- Affix tamperproof seal and barcode as illustrated.
- Ask donor to sign Donor Certification and Consent and initial/sign tamperproof seal.
- Place specimen and laboratory copy of Chain of Custody form in shipping container.
- Keep specimen in secure storage until shipped.
- Distribute copies of Chain of Custody form as indicated on each copy.

SEND TO MEDICAL REVIEW OFFICER, IF APPLICABLE

PLY 1

PARMCHEM LABORATORIES, INC.
LABORATORY
505-A O'Brien Drive, Menlo Park, CA, 94025

REPORT

ACCOUNT NUMBER: 100620101 BARCODE NUMBER: 004929419

SEND TO: SPECIMEN ID:
ATT: Keith A. Koenning, CUSPO SPECIMEN ID:
U.S. Probation Office SPECIMEN DATE: 01/14/92
310 Lakeside West Ste 400
Cleveland, OH 44113 TEST TYPE:
LOCATION CODE:

ACCESSION NUMBER: 004282142
DATE RECEIVED: 01/17/92
Old Acct. No: FP 62A DATE REPORTED: 01/22/92

TEST METHODS AND DETECTION LEVELS

Drug or Drug Class	Initial Test		Confirmation Test	
	Method	CutOff	Method	CutOff
Amphetamines	EMIT	1000 ng/ml	GC/MS	250 ng/ml
Barbiturates	EMIT	300 ng/ml	GC	500 ng/ml
Benzodiazepines	EMIT	300 ng/ml	GC	200 ng/ml
Cocaine Metabolite	EMIT	300 ng/ml	GC	300 ng/ml
Methadone	EMIT	300 ng/ml	GC	300 ng/ml
Opiates	EMIT	300 ng/ml	GC/MS	150 ng/ml
Phencyclidine	EMIT	25 ng/ml	GC/MS	25 ng/ml
Cannabinoid 100	EMIT	100 ng/ml	HPTLC	50 ng/ml

TEST RESULTS

Drug or Drug class	Test Result	Drug or Drug class	Test Result
Amphetamines		Cocaine Metabolite	
Amphetamine	negative	Benzoylecgonine	negative
Methamphetamine	negative	Methadone	
Barbiturates		Methadone	negative
Amobarbital	negative	Opiates	
Butabarbital	negative	Codeine	negative
Butalbital	negative	Hydromorphone	negative
Pentobarbital	negative	Morphine	negative
Phenobarbital	negative	Phencyclidine	
Secobarbital	negative	Phencyclidine	negative
Benzodiazepines		Cannabinoid 100	
ACB	negative	THC Metabolite	POSITIVE
MACB	negative		

COMMENTS:

* TEST RESULT *
* POSITIVE *

I certify that the specimen identified by this accession number is the same specimen that bears the specimen identification barcode number set forth above, that the specimen has been examined upon receipt, handled and analyzed in accordance with applicable requirements, and that these results are for that specimen.

Results Certified by: LING LIU

Date: 01/22/92

CHAIN OF CUSTODY FOR DRUG ANALYSIS

FED PROBATION

Specimen No. **0004929427**

Results Name and Address

Keith A. Koenning, Chief Prob. Off
Federal Probation Office

668 Euclid Avenue #605
Cleveland, OH 44114

Employer's Name and Address

Federal Probation

Account No.

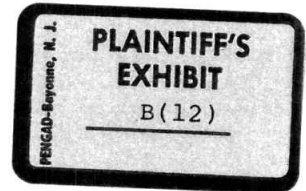
100620101

Collection Site and Address

ABM

Special Tests Requested

THC



Location Code:

Reason For Test (Check One)

☐ 01 Preemployment ☒ 02 Random ☐ 03 Post Accident ☐ 04 Periodic Medical ☐ 05 Reasonable Cause ☐ 06 Other Specify: _____

Specimen Type

☒ Urine ☐ Blood ☐ Urine and Blood

Split Sample (Collect only if required by Client)

☐ Yes ☒ No

Specimen Identification (This information will appear only on plies 1,3.)

Ladd

Date Collected

11/21/92

Specimen Identification (This information will appear on all copies.)

Social Security #

279-68-5742

Remarks Concerning Collection

Temperature

COLLECTOR CERTIFICATION: I certify that the specimen identified on this form is the specimen presented to me by the donor providing the certification below, that it bears the same identification number as set forth above and that it has been collected, labeled and sealed in accordance with the instructions provided.

Collector's Signature

Henry A. Dragovich

DONOR CERTIFICATION AND CONSENT: I certify that the specimen accompanying this form is my own and that I provided it to the collector. Further, I certify that the specimen container was sealed with a tamperproof seal in my presence and that the information provided on this form and on the label is correct. Also, I consent to the analysis of the specimen accompanying this form by the laboratory and to the release by the laboratory of the results of the analysis as well as the information recorded on this form to the organization and/or individual listed on this form.

Donor's Signature or Initials

Paul R. Chabot

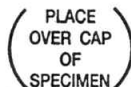


Apply ►
Barcode
vertically
on bottle



USE SECOND SEAL AND
BARCODE FOR BLOOD
OR SPLIT SAMPLE.

COLLECTOR'S SIGNATURE



SPECIMEN NO. **0004929427**

S

DONOR'S SIGNATURE OR INITIALS

Shipper

Airbill #

Date Shipped

Ship
Specimen
To

PharmChem Laboratories, Inc.
1505-A O'Brien Drive
Menlo Park, CA 94025-1435

INSTRUCTIONS TO COLLECTOR

- Complete all unshaded areas of form.
- Affix tamperproof seal and barcode as illustrated.
- Ask donor to sign Donor Certification and Consent and initial/sign tamperproof seal.
- Place specimen and laboratory copy of Chain of Custody form in shipping container.
- Keep specimen in secure storage until shipped.
- Distribute copies of Chain of Custody form as indicated on each copy.

SEND TO MEDICAL REVIEW OFFICE IF APPLICABLE

PHARMACHEM LABORATORIES, INC.
 LABORATORY
 1505-A O'Brien Drive, Menlo Park, CA, 94025

REPORT

ACCOUNT NUMBER: 100620101 BARCODE NUMBER: 004929427

SEND TO: SPECIMEN ID:
 ATT: Keith A. Koenning, CUSPO SPECIMEN ID:
 U.S. Probation Office SPECIMEN DATE: 01/21/92
 310 Lakeside West Ste 400 TEST TYPE:
 Cleveland, OH 44113 LOCATION CODE:

ACCESSION NUMBER: 004319558
 DATE RECEIVED: 01/25/92
 Old Acct. No: FP 62A DATE REPORTED: 01/28/92

TEST METHODS AND DETECTION LEVELS

Drug or Drug Class	Initial Test		Confirmation Test	
	Method	CutOff	Method	CutOff
Amphetamines	EMIT	1000 ng/ml	GC/MS	250 ng/ml
Barbiturates	EMIT	300 ng/ml	GC	500 ng/ml
Benzodiazepines	EMIT	300 ng/ml	GC	200 ng/ml
Cocaine Metabolite	EMIT	300 ng/ml	GC	300 ng/ml
Methadone	EMIT	300 ng/ml	GC	300 ng/ml
Opiates	EMIT	300 ng/ml	GC/MS	150 ng/ml
Phencyclidine	EMIT	25 ng/ml	GC/MS	25 ng/ml
Cannabinoid 100	EMIT	100 ng/ml	HPTLC	50 ng/ml

TEST RESULTS

Drug or Drug class	Test Result	Drug or Drug class	Test Result
Amphetamines		Cocaine Metabolite	
Amphetamine	negative	Benzoylecgonine	negative
Methamphetamine	negative	Methadone	
Barbiturates		Methadone	negative
Amobarbital	negative	Opiates	
Butabarbital	negative	Codeine	negative
Butalbital	negative	Hydromorphone	negative
Pentobarbital	negative	Morphine	negative
Phenobarbital	negative	Phencyclidine	
Secobarbital	negative	Phencyclidine	negative
Benzodiazepines		Cannabinoid 100	
ACB	negative	THC Metabolite	POSITIVE
MACB	negative		

COMMENTS:

 * TEST RESULT *
 * POSITIVE *

I certify that the specimen identified by this accession number is the same specimen that bears the specimen identification barcode number set forth above, that the specimen has been examined upon receipt, handled and analyzed in accordance with applicable requirements, and that these results are for that specimen.

Results Certified by: SUZANNE SAMPSON

Date: 01/28/92

CHAIN OF CUSTODY FOR DRUG ANALYSIS

FED PROBATION

Specimen No. **0004929434**

Results Name and Address

Keith A. Koenning, Chief Prob. Off
Federal Probation Office

668 Euclid Avenue #605
Cleveland, OH 44114

Employer's Name and Address

Federal Probation

Account No.

100620101

Collection Site and Address

ABM

Special Tests Requested

THC



Location Code:

Reason For Test (Check One)

☐ 01 Preemployment ☒ 02 Random ☐ 03 Post ☐ 04 Periodic ☐ 05 Reasonable ☐ 06 Other Specify: _____

Specimen Type

☒ Urine ☐ Blood ☐ Urine and Blood

Split Sample (Collect only if required by Client)

☐ Yes ☒ No

Specimen Identification (This information will appear only on plies 1,3.)

Ladd

Date Collected

1/24/92

Specimen Identification (This information will appear on all copies.)

Social Security #

279-68-5742

Remarks Concerning Collection

Temperature

COLLECTOR CERTIFICATION: I certify that the specimen identified on this form is the specimen presented to me by the donor providing the certification below, that it bears the same identification number as set forth above and that it has been collected, labeled and sealed in accordance with the instructions provided.

Collector's Signature

Jeffrey A. Shragovich

DONOR CERTIFICATION AND CONSENT: I certify that the specimen accompanying this form is my own and that I provided it to the collector. Further, I certify that the specimen container was sealed with a tamperproof seal in my presence and that the information provided on this form and on the label is correct. Also, I consent to the analysis of the specimen accompanying this form by the laboratory and to the release by the laboratory of the results of the analysis as well as the information recorded on this form to the organization and/or individual listed on this form.

Donor's Signature or Initials

Don R Ladd



Apply ►
Barcode
vertically
on bottle



USE SECOND SEAL AND
BARCODE FOR BLOOD
OR SPLIT SAMPLE.

COLLECTOR'S SIGNATURE

SPECIMEN NO. **0004929434**

S

DONOR'S SIGNATURE OR INITIALS

Shipper

Airbill #

Date Shipped

Ship
Specimen
To

PharmChem Laboratories, Inc.
1505-A O'Brien Drive
Menlo Park, CA 94025-1435

INSTRUCTIONS TO COLLECTOR

- Complete all unshaded areas of form.
- Affix tamperproof seal and barcode as illustrated.
- Ask donor to sign Donor Certification and Consent and initial/sign tamperproof seal.
- Place specimen and laboratory copy of Chain of Custody form in shipping container.
- Keep specimen in secure storage until shipped.
- Distribute copies of Chain of Custody form as indicated on each copy.

SEND TO MEDICAL REVIEW OFFICE IF APPLICABLE

HARMCHEM LABORATORIES, INC.
 LABORATORY
 505-A O'Brien Drive, Menlo Park, CA, 94025

REPORT

=====

CCOUNT NUMBER:	100620101	BARCODE NUMBER:	004929434
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END TO:	SPECIMEN ID:	
ATT: Keith A. Koenning, CUSPO	SPECIMEN ID:	
U.S. Probation Office	SPECIMEN DATE:	01/24/92
310 Lakeside West Ste 400	TEST TYPE:	
Cleveland, OH 44113	LOCATION CODE:	

	ACCESSION NUMBER:	004343950
	DATE RECEIVED:	01/29/92
Old Acct. No: FP 62A	DATE REPORTED:	01/30/92

=====

TEST METHODS AND DETECTION LEVELS

Drug or Drug Class	Initial Test		Confirmation Test	
	Method	CutOff	Method	CutOff
Amphetamines	EMIT	1000 ng/ml	GC/MS	250 ng/ml
Barbiturates	EMIT	300 ng/ml	GC	500 ng/ml
Benzodiazepines	EMIT	300 ng/ml	GC	200 ng/ml
Cocaine Metabolite	EMIT	300 ng/ml	GC	300 ng/ml
Methadone	EMIT	300 ng/ml	GC	300 ng/ml
Opiates	EMIT	300 ng/ml	GC/MS	150 ng/ml
Phencyclidine	EMIT	25 ng/ml	GC/MS	25 ng/ml
Cannabinoid 100	EMIT	100 ng/ml	HPTLC	50 ng/ml

=====

TEST RESULTS

Drug or Drug class	Test Result	Drug or Drug class	Test Result
Amphetamines		Cocaine Metabolite	
Amphetamine	negative	Benzoylcegonine	negative
Methamphetamine	negative	Methadone	
Barbiturates		Methadone	negative
Amobarbital	negative	Opiates	
Butabarbital	negative	Codeine	negative
Butalbital	negative	Hydromorphone	negative
Pentobarbital	negative	Morphine	negative
Phenobarbital	negative	Phencyclidine	
Secobarbital	negative	Phencyclidine	negative
Benzodiazepines		Cannabinoid 100	
ACB	negative	THC Metabolite	POSITIVE
MACB	negative		

COMMENTS:

 * TEST RESULT *
 * POSITIVE *

I certify that the specimen identified by this accession number is the same specimen that bears the specimen identification barcode number set forth above, that the specimen has been examined upon receipt, handled and analyzed in accordance with applicable requirements, and that these results are for that specimen.

Results Certified by: LING LIU	Date: 01/30/92
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LABORATORIES, INC.

1505-A O'Brien Drive, Menlo Park, CA 94025

CHAIN OF CUSTODY FOR DRUG ANALYSIS

FED PROBATION

Specimen No. 0004929463

Results Name and Address

Keith A. Koenning, Chief Prob. Off
Federal Probation Office

668 Euclid Avenue #605
Cleveland, OH 44114

Employer's Name and Address

Federal Probation

Account No. 100620101

Collection Site and Address

ABM

Special Tests Requested

THC



Location Code:

Reason For Test (Check One)

☐ 01 Preemployment ☒ 02 Random ☐ 03 Accident ☐ 04 Medical ☐ 05 Cause ☐ 06 Other Specify: _____

Specimen Type

☒ Urine ☐ Blood ☐ Urine and Blood

Split Sample (Collect only if required by Client)

☐ Yes ☒ No

Specimen Identification (This information will appear only on plies 1,3.)

Ladd

Date Collected

2/14/92

Specimen Identification (This information will appear on all copies.)

Social Security #

279-68-5742

Remarks Concerning Collection

Temperature

COLLECTOR CERTIFICATION: I certify that the specimen identified on this form is the specimen presented to me by the donor providing the certification below, that it bears the same identification number as set forth above and that it has been collected, labeled and sealed in accordance with the instructions provided.

Collector's Signature

Jeffrey A. Shergovitch

DONOR CERTIFICATION AND CONSENT: I certify that the specimen accompanying this form is my own and that I provided it to the collector. Further, I certify that the specimen container was sealed with a tamperproof seal in my presence and that the information provided on this form and on the label is correct. Also, I consent to the analysis of the specimen accompanying this form by the laboratory and to the release by the laboratory of the results of the analysis as well as the information recorded on this form to the organization and/or individual listed on this form.

Donor's Signature or Initials

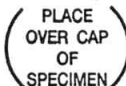
Don K. Hubert

Apply ►
Barcode
vertically
on bottle



USE SECOND SEAL AND
BARCODE FOR BLOOD
OR SPLIT SAMPLE.

COLLECTOR'S SIGNATURE



SPECIMEN NO. 0004929463 S

DONOR'S SIGNATURE OR INITIALS

Shipper

Airbill #

Date Shipped

2/14/92

Ship
Specimen
To

PharmChem Laboratories, Inc.
1505-A O'Brien Drive
Menlo Park, CA 94025-1435

INSTRUCTIONS TO COLLECTOR

- Complete all unshaded areas of form.
- Affix tamperproof seal and barcode as illustrated.
- Ask donor to sign Donor Certification and Consent and initial/sign tamperproof seal.
- Place specimen and laboratory copy of Chain of Custody form in shipping container.
- Keep specimen in secure storage until shipped.
- Distribute copies of Chain of Custody form as indicated on each copy.

SEND TO MEDICAL REVIEW OFFICE, IF APPLICABLE

HARMCHEM LABORATORY, INC.
LABORATORY
505-A O'Brien Drive, Menlo Park, CA, 94025

REPORT

ACCOUNT NUMBER: 100620101 BARCODE NUMBER: 004929463

SEND TO: SPECIMEN ID:
ATT: Keith A. Koenning, CUSPO SPECIMEN ID:
U.S. Probation Office SPECIMEN DATE: 02/14/92
310 Lakeside West Ste 400
Cleveland, OH 44113 TEST TYPE:
LOCATION CODE:

ACCESSION NUMBER: 004477909
DATE RECEIVED: 02/22/92
Old Acct. No: FP 62A DATE REPORTED: 02/26/92

TEST METHODS AND DETECTION LEVELS

Drug or Drug Class	Initial Test		Confirmation Test	
	Method	CutOff	Method	CutOff
Amphetamines	EMIT	1000 ng/ml	GC/MS	250 ng/ml
Barbiturates	EMIT	300 ng/ml	GC	500 ng/ml
Benzodiazepines	EMIT	300 ng/ml	GC	200 ng/ml
Cocaine Metabolite	EMIT	300 ng/ml	GC	300 ng/ml
Methadone	EMIT	300 ng/ml	GC	300 ng/ml
Opiates	EMIT	300 ng/ml	GC/MS	150 ng/ml
Phencyclidine	EMIT	25 ng/ml	GC/MS	25 ng/ml
Cannabinoid 100	EMIT	100 ng/ml	HPTLC	50 ng/ml

TEST RESULTS

Drug or Drug class	Test Result	Drug or Drug class	Test Result
Amphetamines		Cocaine Metabolite	
Amphetamine	negative	Benzoyllecgonine	negative
Methamphetamine	negative	Methadone	
Barbiturates		Methadone	negative
Amobarbital	negative	Opiates	
Butabarbital	negative	Codeine	negative
Butalbital	negative	Hydromorphone	negative
Pentobarbital	negative	Morphine	negative
Phenobarbital	negative	Phencyclidine	
Secobarbital	negative	Phencyclidine	negative
Benzodiazepines		Cannabinoid 100	
ACB	negative	THC Metabolite	POSITIVE
MACB	negative		

COMMENTS:

* TEST RESULT *
* POSITIVE *

I certify that the specimen identified by this accession number is the same specimen that bears the specimen identification barcode number set forth above, that the specimen has been examined upon receipt, handled and analyzed in accordance with applicable requirements, and that these results are for that specimen.

Results Certified by: CHRISTIN CONNOLLY

Date: 02/26/92



1505-A O'Brien Drive, Menlo Park, CA 94025

CHAIN OF CUSTODY FOR DRUG ANALYSIS

FED PROBATION

Specimen No. **0004929531**

Results Name and Address

Keith A. Koenning, Chief Prob. Off
Federal Probation Office

668 Euclid Avenue #605
Cleveland, OH 44114

Employer's Name and Address

Federal Probation

Account No.

100620101

Collection Site and Address

ABM

Special Tests Requested

THC



Location Code:

Reason For Test (Check One)

☐ 01 Preemployment ☒ 02 Random ☐ 03 Accident ☐ 04 Medical ☐ 05 Cause ☐ 06 Other Specify: _____

Specimen Type

☒ Urine ☐ Blood ☐ Urine and Blood

Split Sample (Collect only if required by Client)

☐ Yes ☒ No

Specimen Identification (This information will appear only on plies 1,3.)

Ladd

Date Collected

2/21/92

Specimen Identification (This information will appear on all copies.)

Social Security

279-68-5742

Remarks Concerning Collection

Temperature

COLLECTOR CERTIFICATION: I certify that the specimen identified on this form is the specimen presented to me by the donor providing the certification below, that it bears the same identification number as set forth above and that it has been collected, labeled and sealed in accordance with the instructions provided.

Collector's Signature

Jeffrey A. Dragovich

DONOR CERTIFICATION AND CONSENT: I certify that the specimen accompanying this form is my own and that I provided it to the collector. Further, I certify that the specimen container was sealed with a tamperproof seal in my presence and that the information provided on this form and on the label is correct. Also, I consent to the analysis of the specimen accompanying this form by the laboratory and to the release by the laboratory of the results of the analysis as well as the information recorded on this form to the organization and/or individual listed on this form.

Donor's Signature or Initials

Bob R. Smith



Apply ►
Barcode
vertically
on bottle

USE SECOND SEAL AND
BARCODE FOR BLOOD
OR SPLIT SAMPLE.

COLLECTOR'S SIGNATURE



SPECIMEN NO. **0004929531**

S

DONOR'S SIGNATURE OR INITIALS

Shipper

Airbill #

Date Shipped

Ship
Specimen
To

PharmChem Laboratories, Inc.
1505-A O'Brien Drive
Menlo Park, CA 94025-1435

INSTRUCTIONS TO COLLECTOR

- Complete all unshaded areas of form.
- Affix tamperproof seal and barcode as illustrated.
- Ask donor to sign Donor Certification and Consent and initial/sign tamperproof seal.
- Place specimen and laboratory copy of Chain of Custody form in shipping container.
- Keep specimen in secure storage until shipped.
- Distribute copies of Chain of Custody form as indicated on each copy.

PLY 1

REPORT

SEND TO:	SPECIMEN ID:	
ATT: Keith A. Koenning, CUSPO	SPECIMEN ID:	
U.S. Probation Office	SPECIMEN DATE:	02/21/92
310 Lakeside West Ste 400	TEST TYPE:	
Cleveland, OH 44113	LOCATION CODE:	
	ACCESSION NUMBER:	004507223
	DATE RECEIVED:	02/27/92
Old Acct. No: FP 62A	DATE REPORTED:	03/02/92

Drug or Drug Class	Initial Test		Confirmation Test	
	Method	CutOff	Method	CutOff
Amphetamines	EMIT	1000 ng/ml	GC/MS	250 ng/ml
Cocaine	EMIT	300 ng/ml	GC	500 ng/ml
Benzodiazepines	EMIT	300 ng/ml	GC	200 ng/ml
Urine Metabolite	EMIT	300 ng/ml	GC	300 ng/ml
Heroin	EMIT	300 ng/ml	GC	300 ng/ml
Barbiturates	EMIT	300 ng/ml	GC/MS	150 ng/ml
Alprazolam	EMIT	25 ng/ml	GC/MS	25 ng/ml
Valproic Acid	EMIT	100 ng/ml	HPTLC	50 ng/ml

Drug or Drug class	Test Result	Drug or Drug class	Test Result
Amphetamines		Cocaine Metabolite	
Amphetamine	negative	Benzoyllecgonine	negative
Mephedramine	negative	Methadone	
Barbiturates		Methadone	negative
Barbital	negative	Opiates	
Barbital	negative	Codeine	negative
Barbital	negative	Hydromorphone	negative
Barbital	negative	Morphine	negative
Barbital	negative	Phencyclidine	
Barbital	negative	Phencyclidine	negative
Barbiturates		Cannabinoid 100	
Barbiturates	negative	THC Metabolite	POSITIVE
Barbiturates	negative		

* TEST RESULT *
* POSITIVE *

Date: 03/02/92



1505-A O'Brien Drive, Menlo Park, CA 94025

CHAIN OF CUSTODY FOR DRUG ANALYSIS

FED PROBATION

Specimen No. **0004929540**

Results Name and Address

Keith A. Koenning, Chief Prob. Off
Federal Probation Office

668 Euclid Avenue #605 **92 MAR 6 A9:53**
Cleveland, OH 44114

Employer's Name and Address

Federal Probation

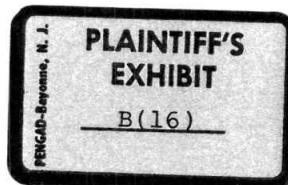
Account No. **100620101**

Collection Site and Address

ABM

Special Tests Requested

THC



Location Code:

OHN CLEVELAND

Reason For Test (Check One)
☐ 01 Preemployment ☒ 02 Random ☐ 03 Accident ☐ 04 Periodic ☐ 05 Reasonable ☐ 06 Other Specify: _____

Specimen Type
☒ Urine ☐ Blood ☐ Urine and Blood
Split Sample (Collect only if required by Client)
☐ Yes ☒ No

Specimen Identification (This information will appear only on plies 1,3.)
Ladd Date Collected **3/3/91**

Specimen Identification (This information will appear on all copies.)
Social Security # **279-68-5742**

Remarks Concerning Collection
Temperature

COLLECTOR CERTIFICATION: I certify that the specimen identified on this form is the specimen presented to me by the donor providing the certification below, that it bears the same identification number as set forth above and that it has been collected, labeled and sealed in accordance with the instructions provided.

Collector's Signature

Jeffrey A. Dragovich

DONOR CERTIFICATION AND CONSENT: I certify that the specimen accompanying this form is my own and that I provided it to the collector. Further, I certify that the specimen container was sealed with a tamperproof seal in my presence and that the information provided on this form and on the label is correct. Also, I consent to the analysis of the specimen accompanying this form by the laboratory and to the release by the laboratory of the results of the analysis as well as the information recorded on this form to the organization and/or individual listed on this form.

Donor's Signature or Initials

Don R L



Apply ►
Barcode
vertically
on bottle

USE SECOND SEAL AND
BARCODE FOR BLOOD
OR SPLIT SAMPLE.

COLLECTOR'S SIGNATURE

(PLACE
OVER CAP
OF
SPECIMEN)

SPECIMEN NO. **0004929540 S**

DONOR'S SIGNATURE OR INITIALS

Shipper <i>JD</i>	Airbill #	Date Shipped 3/3/91	Ship Specimen To PharmChem Laboratories, Inc. 1505-A O'Brien Drive Menlo Park, CA 94025-1435
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INSTRUCTIONS TO COLLECTOR

- Complete all unshaded areas of form.
- Affix tamperproof seal and barcode as illustrated.
- Ask donor to sign Donor Certification and Consent and initial/sign tamperproof seal.
- Place specimen and laboratory copy of Chain of Custody form in shipping container.
- Keep specimen in secure storage until shipped.
- Distribute copies of Chain of Custody form as indicated on each copy.

HARMCHEM LABORATORIES, INC.
LABORATORY
505-A O'Brien Drive, Menlo Park, CA, 94025

REPORT

=====

CCOUNT NUMBER:	100620101	BARCODE NUMBER:	004929540
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END TO:	SPECIMEN ID:
ATT: Keith A. Koenning, CUSPO	SPECIMEN ID:
U.S. Probation Office	SPECIMEN DATE: 03/03/91
310 Lakeside West Ste 400	TEST TYPE:
Cleveland, OH 44113	LOCATION CODE:
	ACCESSION NUMBER: 004564610
	DATE RECEIVED: 03/06/92
Old Acct. No: FP 62A	DATE REPORTED: 03/10/92

=====

TEST METHODS AND DETECTION LEVELS

Drug or Drug Class	Initial Test Method	CutOff	Confirmation Test Method	CutOff
Amphetamines	EMIT	1000 ng/ml	GC/MS	250 ng/ml
Barbiturates	EMIT	300 ng/ml	GC	500 ng/ml
Benzodiazepines	EMIT	300 ng/ml	GC	200 ng/ml
Cocaine Metabolite	EMIT	300 ng/ml	GC	300 ng/ml
Methadone	EMIT	300 ng/ml	GC	300 ng/ml
Opiates	EMIT	300 ng/ml	GC/MS	150 ng/ml
Phencyclidine	EMIT	25 ng/ml	GC/MS	25 ng/ml
Cannabinoid 100	EMIT	100 ng/ml	HPTLC	50 ng/ml

=====

TEST RESULTS

Drug or Drug class	Test Result	Drug or Drug class	Test Result
Amphetamines		Cocaine Metabolite	
Amphetamine	negative	Benzoyllecgonine	negative
Methamphetamine	negative	Methadone	
Barbiturates		Methadone	negative
Amobarbital	negative	Opiates	
Butabarbital	negative	Codeine	negative
Butalbital	negative	Hydromorphone	negative
Pentobarbital	negative	Morphine	negative
Phenobarbital	negative	Phencyclidine	
Secobarbital	negative	Phencyclidine	negative
Benzodiazepines		Cannabinoid 100	
ACB	negative	THC Metabolite	POSITIVE
MACB	negative		

COMMENTS:

COC IS DATED 03.03.91

* TEST RESULT *
* POSITIVE *

I certify that the specimen identified by this accession number is the same specimen that bears the specimen identification barcode number set forth above, that the specimen has been examined upon receipt, handled and analyzed in accordance with applicable requirements, and that these results are for that specimen.

Results Certified by: Lung Liu

3/10/92

1505-A O'Brien Drive, Menlo Park, CA 94025

CHAIN OF CUSTODY FOR DRUG ANALYSIS

FED PROBATION

Specimen No.

0004929554

Results Name and Address

Keith A. Koenning, Chief Prob. Off
Federal Probation Office

668 Euclid Avenue #605
Cleveland, OH 44114

Employer's Name and Address

Federal Probation

NO: 57

Account No.

100620101

Collection Site and Address

ABM

Special Tests Requested

THC



Location Code:

Reason For Test (Check One)

☐ 01 Preemployment

☒ 02 Random

☐ 03 Accident

☐ 04 Medical

☐ 05 Reasonable Cause

☐ 06 Other Specify: _____

Specimen Type

☒ Urine

☐ Blood

☐ Urine and Blood

Split Sample (Collect only if required by Client)

☐ Yes

☒ No

Specimen Identification (This information will appear only on plies 1,3.)

Cadd

Date Collected

3/10/92

Specimen Identification (This information will appear on all copies.)

Social Security #

279-68-5742

Remarks Concerning Collection

Temperature

COLLECTOR CERTIFICATION: I certify that the specimen identified on this form is the specimen presented to me by the donor providing the certification below, that it bears the same identification number as set forth above and that it has been collected, labeled and sealed in accordance with the instructions provided.

Collector's Signature

Jeffrey A. Dragovich

DONOR CERTIFICATION AND CONSENT: I certify that the specimen accompanying this form is my own and that I provided it to the collector. Further, I certify that the specimen container was sealed with a tamperproof seal in my presence and that the information provided on this form and on the label is correct. Also, I consent to the analysis of the specimen accompanying this form by the laboratory and to the release by the laboratory of the results of the analysis as well as the information recorded on this form to the organization and/or individual listed on this form.

Donor's Signature or Initials

Don P. [Signature]



Apply ►
Barcode
vertically
on bottle

USE SECOND SEAL AND
BARCODE FOR BLOOD
OR SPLIT SAMPLE.

COLLECTOR'S SIGNATURE

PLACE
OVER CAP
OF
SPECIMEN

SPECIMEN NO. 0004929554

S

DONOR'S SIGNATURE OR INITIALS

Shipper

Airbill #

Date Shipped

3/10/92

Ship
Specimen
To

PharmChem Laboratories, Inc.
1505-A O'Brien Drive
Menlo Park, CA 94025-1435

INSTRUCTIONS TO COLLECTOR

- Complete all unshaded areas of form.
- Affix tamperproof seal and barcode as illustrated.
- Ask donor to sign Donor Certification and Consent and initial/sign tamperproof seal.
- Place specimen and laboratory copy of Chain of Custody form in shipping container.
- Keep specimen in secure storage until shipped.
- Distribute copies of Chain of Custody form as indicated on each copy.

PHARMICHEM LABORATORIES, INC.
LABORATORY
1505-A O'Brien Drive, Menlo Park, CA, 94025

REPORT

ACCOUNT NUMBER: 100620101 BARCODE NUMBER: 004929554

SEND TO: ATT: Keith A. Koenning, CUSPO
U.S. Probation Office
310 Lakeside West Ste 400
Cleveland, OH 44113

SPECIMEN ID:
SPECIMEN ID:
SPECIMEN DATE: 03/10/92
TEST TYPE:
LOCATION CODE:

Old Acct. No: FP 62A

ACCESSION NUMBER: 004604654
DATE RECEIVED: 03/13/92
DATE REPORTED: 03/18/92

TEST METHODS AND DETECTION LEVELS

Drug or Drug Class	Initial Test		Confirmation Test	
	Method	CutOff	Method	CutOff
Amphetamines	EMIT	1000 ng/ml	GC/MS	250 ng/ml
Barbiturates	EMIT	300 ng/ml	GC	500 ng/ml
Benzodiazepines	EMIT	300 ng/ml	GC	200 ng/ml
Cocaine Metabolite	EMIT	300 ng/ml	GC	300 ng/ml
Methadone	EMIT	300 ng/ml	GC	300 ng/ml
Opiates	EMIT	300 ng/ml	GC/MS	150 ng/ml
Phencyclidine	EMIT	25 ng/ml	GC/MS	25 ng/ml
Cannabinoid 100	EMIT	100 ng/ml	HPTLC	50 ng/ml

TEST RESULTS

Drug or Drug class	Test Result	Drug or Drug class	Test Result
Amphetamines		Cocaine Metabolite	
Amphetamine	negative	Benzoyllecgonine	negative
Methamphetamine	negative	Methadone	
Barbiturates		Methadone	negative
Amobarbital	negative	Opiates	
Butabarbital	negative	Codeine	negative
Butalbital	negative	Hydromorphone	negative
Pentobarbital	negative	Morphine	negative
Phenobarbital	negative	Phencyclidine	
Secobarbital	negative	Phencyclidine	negative
Benzodiazepines		Cannabinoid 100	
ACB	negative	THC Metabolite	POSITIVE
MACB	negative		

COMMENTS:

* TEST RESULT *
* POSITIVE *

I certify that the specimen identified by this accession number is the same specimen that bears the specimen identification barcode number set forth above, that the specimen has been examined upon receipt, handled and analyzed in accordance with applicable requirements, and that these results are for that specimen.

Results Certified by: LING LIU

Date: 03/18/92



LABORATORIES, INC.

1505-A O'Brien Drive, Menlo Park, CA 94025

CHAIN OF CUSTODY FOR DRUG ANALYSIS

FED PROBATION

Specimen No. **0004930341**

Results Name and Address

Keith A. Koenning, Chief Prob. Off
Federal Probation Office

668 Euclid Avenue #605
Cleveland, OH 44114

Employer's Name and Address

Federal Probation

Account No. **100620101**

Collection Site and Address

- Team II

Special Tests Requested

- THC



Location Code:

Reason For Test (Check One)

☐ 01 Preemployment ☒ 02 Random ☐ 03 Accident ☐ 04 Periodic Medical ☐ 05 Reasonable Cause ☐ 06 Other Specify: _____

Specimen Type

☐ Urine ☐ Blood ☐ Urine and Blood

Split Sample (Collect only if required by Client)

☐ Yes ☐ No

Specimen Identification (This information will appear only on plies 1,3.)

Date Collected

3-5-92

Specimen Identification (This information will appear on all copies.)

Social Security #

Remarks Concerning Collection

Temperature

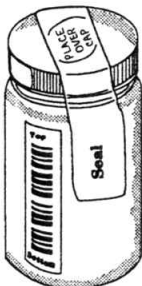
COLLECTOR CERTIFICATION: I certify that the specimen identified on this form is the specimen presented to me by the donor providing the certification below, that it bears the same identification number as set forth above and that it has been collected, labeled and sealed in accordance with the instructions provided.

Collector's Signature

DONOR CERTIFICATION AND CONSENT: I certify that the specimen accompanying this form is my own and that I provided it to the collector. Further, I certify that the specimen container was sealed with a tamperproof seal in my presence and that the information provided on this form and on the label is correct. Also, I consent to the analysis of the specimen accompanying this form by the laboratory and to the release by the laboratory of the results of the analysis as well as the information recorded on this form to the organization and/or individual listed on this form.

Donor's Signature or Initials

Apply ►
Barcode
vertically
on bottle



USE SECOND SEAL AND
BARCODE FOR BLOOD
OR SPLIT SAMPLE.

(PLACE OVER
CAP OF
SPECIMEN)

SPECIMEN NO. **0004930341**

DONOR'S SIGNATURE OR INITIALS
PharmChem Laboratories, Inc.

COLLECTOR'S SIGNATURE

Shipper

Airbill #

Date Shipped

Ship
Specimen
To

PharmChem Laboratories, Inc.
1505-A O'Brien Drive
Menlo Park, CA 94025-1435

INSTRUCTIONS TO COLLECTOR

- Complete all unshaded areas of form.
- Affix tamperproof seal and barcode as illustrated.
- Ask donor to sign Donor Certification and Consent and initial/sign tamperproof seal.
- Place specimen and laboratory copy of Chain of Custody form in shipping container.
- Keep specimen in secure storage until shipped.
- Distribute copies of Chain of Custody form as indicated on each copy.

PHARMACHEM LABORATORIES, INC.
LABORATORY
1505-A O'Brien Drive, Menlo Park, CA, 94025

REPORT

ACCOUNT NUMBER: 100620101 BARCODE NUMBER: 004930341

SEND TO: SPECIMEN ID:
ATT: Keith A. Koenning, CUSPO SPECIMEN ID:
U.S. Probation Office SPECIMEN DATE: 03/05/92
310 Lakeside West Ste 400
Cleveland, OH 44113 TEST TYPE:
LOCATION CODE:

Old Acct. No: FP 62A
ACCESSION NUMBER: 004580624
DATE RECEIVED: 03/10/92
DATE REPORTED: 03/12/92

TEST METHODS AND DETECTION LEVELS

Drug or Drug Class	Initial Test		Confirmation Test	
	Method	CutOff	Method	CutOff
Amphetamines	EMIT	1000 ng/ml	GC/MS	250 ng/ml
Barbiturates	EMIT	300 ng/ml	GC	500 ng/ml
Benzodiazepines	EMIT	300 ng/ml	GC	200 ng/ml
Cocaine Metabolite	EMIT	300 ng/ml	GC	300 ng/ml
Methadone	EMIT	300 ng/ml	GC	300 ng/ml
Opiates	EMIT	300 ng/ml	GC/MS	150 ng/ml
Phencyclidine	EMIT	25 ng/ml	GC/MS	25 ng/ml
Cannabinoid 100	EMIT	100 ng/ml	HPTLC	50 ng/ml

TEST RESULTS

Drug or Drug class	Test Result	Drug or Drug class	Test Result
Amphetamines		Cocaine Metabolite	
Amphetamine	negative	Benzoylecgonine	negative
Methamphetamine	negative	Methadone	
Barbiturates		Methadone	negative
Amobarbital	negative	Opiates	
Butabarbital	negative	Codeine	negative
Butalbital	negative	Hydromorphone	negative
Pentobarbital	negative	Morphine	negative
Phenobarbital	negative	Phencyclidine	
Secobarbital	negative	Phencyclidine	negative
Benzodiazepines		Cannabinoid 100	
ACB	negative	THC Metabolite	POSITIVE
MACB	negative		

COMMENTS:

* TEST RESULT *
* POSITIVE *

I certify that the specimen identified by this accession number is the same specimen that bears the specimen identification barcode number set forth above, that the specimen has been examined upon receipt, handled and analyzed in accordance with applicable requirements, and that these results are for that specimen.

Results Certified by: CHRISTIN CONNOLLY

Date: 03/12/92



LABORATORIES, INC.

1505-A O'Brien Drive, Menlo Park, CA 94025

CHAIN OF CUSTODY FOR DRUG ANALYSIS

FED PROBATION

Specimen No. **0005155086**

Results Name and Address

**Keith A. Koenning, Chief Prob. Off
Federal Probation Office**

**668 Euclid Avenue #605
Cleveland, OH 44114**

Employer's Name and Address

Federal Probation

Account No.

100620303

**PLAINTIFF'S
EXHIBIT**

B19

Collection Site and Address

Adm

Special Tests Requested

THC

Location Code:

Reason For Test (Check One)

☐ 01 Preemployment

☒ 02 Random

☐ 03 Accident

☐ 04 Medical

☐ 05 Cause

☐ 06 Other Specify: **03**

Specimen Type

☒ Urine

☐ Blood

☐ Urine and Blood

Split Sample (Collect only if required by Client)

☐ Yes

☒ No

Specimen Identification (This information will appear only on plies 1,3.)

Ladd

Date Collected

3/24/92

Specimen Identification (This information will appear on all copies.)

Social Security #

279-68-5742

Remarks Concerning Collection

Temperature

COLLECTOR CERTIFICATION: I certify that the specimen identified on this form is the specimen presented to me by the donor providing the certification below, that it bears the same identification number as set forth above and that it has been collected, labeled and sealed in accordance with the instructions provided.

Collector's Signature

Jeffrey A. Dragovich

DONOR CERTIFICATION AND CONSENT: I certify that the specimen accompanying this form is my own and that I provided it to the collector. Further, I certify that the specimen container was sealed with a tamperproof seal in my presence and that the information provided on this form and on the label is correct. Also, I consent to the analysis of the specimen accompanying this form by the laboratory and to the release by the laboratory of the results of the analysis as well as the information recorded on this form to the organization and/or individual listed on this form.

Donor's Signature or Initials

Don R. H. H.



Apply ►
Barcode
vertically
on bottle

USE SECOND SEAL AND
BARCODE FOR BLOOD
OR SPLIT SAMPLE.

COLLECTOR'S SIGNATURE



SPECIMEN NO. **0005155086**

S

DONOR'S SIGNATURE OR INITIALS

Shipper

Airbill #

Date Shipped

3/24/92

Ship
Specimen
To

PharmChem Laboratories, Inc.
1505-A O'Brien Drive
Menlo Park, CA 94025-1435

INSTRUCTIONS TO COLLECTOR

- Complete all unshaded areas of form.
- **Affix** tamperproof seal and barcode as illustrated.
- **Ask** donor to sign Donor Certification and Consent and initial/sign tamperproof seal.
- **Place** specimen and laboratory copy of Chain of Custody form in shipping container.
- **Keep** specimen in secure storage until shipped.
- **Distribute** copies of Chain of Custody form as indicated on each copy.

PLY 1

HARMCHEM LABORATORIES, INC.
LABORATORY
505-A O'Brien Drive, Menlo Park, CA, 94025

REPORT

=====

CCOUNT NUMBER:	100620303	BARCODE NUMBER:	005155086
----------------	-----------	-----------------	-----------

END TO:	SPECIMEN ID:
ATT: Keith A. Koenning, CUSPO	SPECIMEN ID:
U.S. Probation Office	SPECIMEN DATE: 03/24/92
310 Lakeside West Ste 400	TEST TYPE:
Cleveland, OH 44113	LOCATION CODE:
	ACCESSION NUMBER: 004688507
	DATE RECEIVED: 03/28/92
Old Acct. No: FP 62C	DATE REPORTED: 03/31/92

=====

TEST METHODS AND DETECTION LEVELS

Drug or Drug Class	Initial Test		Confirmation Test	
	Method	CutOff	Method	CutOff
Amphetamines	EMIT	1000 ng/ml	GC/MS	250 ng/ml
Barbiturates	EMIT	300 ng/ml	GC	500 ng/ml
Benzodiazepines	EMIT	300 ng/ml	GC	200 ng/ml
Cocaine Metabolite	EMIT	300 ng/ml	GC	300 ng/ml
Methadone	EMIT	300 ng/ml	GC	300 ng/ml
Opiates	EMIT	300 ng/ml	GC/MS	150 ng/ml
Phencyclidine	EMIT	25 ng/ml	GC/MS	25 ng/ml
Cannabinoid 100	EMIT	100 ng/ml	HPTLC	50 ng/ml

=====

TEST RESULTS

Drug or Drug class	Test Result	Drug or Drug class	Test Result
Amphetamines		Cocaine Metabolite	
Amphetamine	negative	Benzoylcegonine	negative
Methamphetamine	negative	Methadone	
Barbiturates		Methadone	negative
Amobarbital	negative	Opiates	
Butabarbital	negative	Codeine	negative
Butalbital	negative	Hydromorphone	negative
Pentobarbital	negative	Morphine	negative
Phenobarbital	negative	Phencyclidine	
Secobarbital	negative	Phencyclidine	negative
Benzodiazepines		Cannabinoid 100	
ACB	negative	THC Metabolite	POSITIVE
MACB	negative		

COMMENTS:

* TEST RESULT *
* POSITIVE *

I certify that the specimen identified by this accession number is the same specimen that bears the specimen identification barcode number set forth above, that the specimen has been examined upon receipt, handled and analyzed in accordance with applicable requirements, and that these results are for that specimen.

Results Certified by: MIKE MCMANAMON

Date: 03/31/92

APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL

1. JURISDICTION 1 <input type="checkbox"/> MAG. 2 <input checked="" type="checkbox"/> DIST. 3 <input type="checkbox"/> APPEALS 4 <input type="checkbox"/> OTHER		2. MAG. DOCKET NO.	3. DIST. CT. D ET NO. 89-CR-83-(05)-E	VOUCHER NO. 0610704
4. APPEALS DOCKET NO.		5. FOR (DISTRICT/CIRCUIT) N.D. OKLAHOMA	6. LOC. CODE OKNTU	7. CHARGE/OFFENSE (U.S. or other code citation)
8. IN THE CASE OF United States VS Ladd		9. PERSON REPRESENTED (FULL NAME) David Royce Ladd		7A. CASE CODE PR
10. PERSON REPRESENTED (STATUS) 1 <input type="checkbox"/> DEFENDANT-ADULT 3 <input type="checkbox"/> APPELLANT 5 <input checked="" type="checkbox"/> OTHER 2 <input type="checkbox"/> DEFENDANT-JUVENILE 4 <input type="checkbox"/> APPELLEE		11. PROCEEDINGS (Describe briefly) - ALL PROCEEDINGS -		9A. NO. REPRESENTED
12. PAYMENT CATEGORY A <input type="checkbox"/> FELONY C <input type="checkbox"/> PETTY OFFENSE E <input checked="" type="checkbox"/> OTHER B <input type="checkbox"/> MISDEMEANOR D <input type="checkbox"/> APPEAL probation violation		13. COURT ORDER O <input checked="" type="checkbox"/> Appointing Counsel F <input type="checkbox"/> Subs. for FD C <input type="checkbox"/> Co-Counsel R <input type="checkbox"/> Subs. for Retained Atty. P <input type="checkbox"/> Subs. for Panel Atty. Name of prior panel attorney Appt. Date _____ Voucher No. _____		
Because the above-named "person represented" has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in item 14 is appointed to represent this person in this case. Sig. of Presiding Judicial Officer or By Order of Court (Clerk/Deputy) March 30, 1992 Date of Order _____ Nunc Pro Tunc Date _____		14. FULL NAME OF ATTORNEY/PAYEE (First Name, Last Name, and Suffix) AND MAILING ADDRESS John Dowdell 2300 Mid-Continent Tower Tulsa, OK 74103		
		15. WORK PHONE 918/583-7571		16A. Does the attorney have the preexisting agreement (see Instructions) with a corporation, including a professional corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No
		16B. SOCIAL SECURITY NO. (Only provide per instructions)	16C. EMPLOYER I.D. NO. (Only provide per instructions)	
		16D. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions)		

CLAIM FOR SERVICES OR EXPENSES

SERVICE		HOURS	DATES		
IN COURT	a. Arraignment and/or Plea			Multiply rate per hour times total hours to obtain "In Court" compensation. Enter total below. 17A. TOTAL IN COURT COMP.	
	b. Bail and Detention Hearings				
	c. Motions Hearings				
	d. Trial				
	e. Sentence Hearings				
	f. Revocation Hearings				
	g. Appeals Court				
	h. Other (Specify on additional sheets)				
(Rate per hour = \$60) TOTAL HOURS =				\$	
OUT OF COURT	a. Interviews and conferences			Multiply rate per hour times total hours. Enter total "out of court" compensation below. 18A. TOTAL OUT OF COURT COMP.	
	b. Obtaining and reviewing records				
	c. Legal research and brief writing				
	d. Travel time (Specify on additional sheets)				
	e. Investigative and other work (Specify on additional sheets)				
(Rate per hour = \$40) TOTAL HOURS =				\$	
EXPENSES	19. TRAVEL, LODGING, MEALS ETC.	AMOUNT	OTHER EXPENSES	AMOUNT	19A. TOTAL TRAVEL EXP.
					\$
					\$
					\$
					\$
				20. GRAND TOTAL CLAIMED	
				\$	

21. CERTIFICATION OF ATTORNEY/PAYEE FOR PERIOD _____ TO _____				
F <input type="checkbox"/> Final Payment I <input type="checkbox"/> Interim Payment No. _____ Has compensation and/or reimbursement for work in this case previously been applied for? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, by whom were you paid? _____ How much? _____ Has the person represented paid any money to you, or to your knowledge to anyone else, in connection with the matter for which you were appointed to provide representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. _____ I swear or affirm the truth or correctness of the above statements				
SIGNATURE OF ATTORNEY/PAYEE _____ DATE _____				
APPROVED FOR PAYMENT	22. IN COURT COMP.	23. OUT OF COURT COMP.	24. TRAVEL EXPENSE	25. OTHER EXPENSES
	\$	\$	\$	\$
	27. SIGNATURE OF PRESIDING JUDICIAL OFFICER _____			26. TOTAL AMT. APPROVED/CERT. \$
	28. SIGNATURE OF CHIEF JUDGE, CT. OF APPEALS (OR DELEGATE) _____			27A. JUDGE/MAG. CODE
				29. TOTAL AMT. APPROVED \$

COPY 4 - FILED IN COURT'S CASE FILE AFTER CLERK ENTERS APPOINTMENT DATA

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF OKLAHOMA

FILED

APR 13 1992

Richard M. Lawrence, Clerk
U.S. DISTRICT COURT

UNITED STATES OF AMERICA,

Plaintiff,

vs.

DAVID ROYSE LADD,


Defendant.

No. 89-CR-083-005-E

ORDER

The Court has for its consideration defendant's application to reschedule the hearing set on a Petition on Probation ("Petition"). The Petition is currently set to be heard on April 14, 1992, at 1:00 p.m. Upon consideration of the Application, the lack of objection by the government, and for good cause shown, it is hereby ordered that the April 14 hearing is stricken and rescheduled for May 13, 1992, at 9:00 A.m.

DATED this 13th day of April, 1992.


JAMES O. ELLISON, CHIEF JUDGE

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF OKLAHOMA

FILED

APR 10 1992
RICHARD M. LAWRENCE
CLERK
U.S. DISTRICT COURT
NORTHERN DISTRICT OF OK

UNITED STATES OF AMERICA,)
)
Plaintiff,)
)
vs.)
)
DAVID ROYSE LADD,)
)
Defendant.)

No. 89-CR-083-005-E

APPLICATION TO RESCHEDULE HEARING

Defendant, David Royse Ladd, hereby respectfully requests that the hearing on the Petition on Probation, currently scheduled for April 14, 1992, at 1:00 p.m., be rescheduled. In support of this Application, Ladd states:

1. The undersigned counsel was appointed by the Court to represent Mr. Ladd on Thursday, April 2, 1992.

2. Additional time is necessary to obtain and review the papers relating to these proceedings, and to confer with Mr. Ladd in connection with the alleged parole violations.

3. Moreover, counsel is committed to be out of state on April 13 and 14 in connection with discovery obligations in another case pending in this Court (*Bizjet International Sales & Support, Inc. v. Pratt and Whitney Canada, Inc., et al.*, United States District Court for the Northern District of Oklahoma, Case No. 91-C-904-B).


4. The representative of the United States Probation Office assigned to this matter, Mr. Scott Kallenberger, has informed defendant's counsel that the Petition on Probation will likely be

amended to include additional alleged parole violations. Therefore, the current setting would be premature should an amended petition be filed shortly, as expected.

5. Neither Mr. Kallenberger nor the government has any objection to rescheduling this hearing.

WHEREFORE, defendant David Royse Ladd respectfully requests that this Court reschedule the hearing on the Petition for Probation, currently set for April 14, 1992, at 1:00 p.m. Defendant requests that the hearing be scheduled at least thirty (30) days hence so that Mr. Ladd (who resides in Ohio) will have ample time to make travel arrangements, and so that defendant and his counsel will have the opportunity to fully explore the allegations which are the subject of the petition.

Respectfully submitted,



John E. Dowdell, OBA #2460
NORMAN & WOHLGEMUTH
2900 Mid-Continent Tower
Tulsa, Oklahoma 74103
(918) 583-7571

Attorney for Defendant,
David Royse Ladd

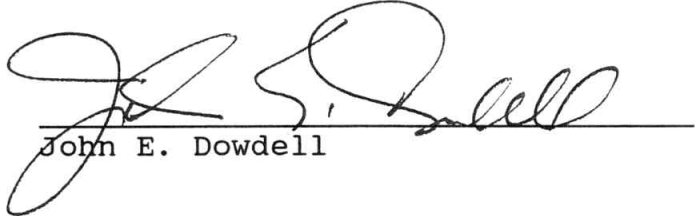
CERTIFICATE OF MAILING

I hereby certify that on this 10th day of April, 1992, I mailed a true and correct copy of the above and foregoing instrument to:

Scott Kallenberger
United States Probation Officer
United States Courthouse
333 West Fourth Street
Tulsa, Oklahoma 74101

John S. Morgan
Assistant United States Attorney
3600 Federal Courthouse
333 West Fourth Street
Tulsa, Oklahoma 74103

by depositing said copy in the United States Mail, with proper postage thereon prepaid.



John E. Dowdell

FILED

IN THE UNITED STATES DISTRICT COURT FOR THE
NORTHERN DISTRICT OF OKLAHOMA

MAR 31 1992

RICHARD T. LAWRENCE
CLERK
U.S. DISTRICT COURT
NORTHERN DISTRICT OF OK

UNITED STATES OF AMERICA,)
)
Plaintiff,)
)
v.)
)
)
DAVID ROYCE LADD,)
)
Defendant,)

Case No. 89-CR-83-05-E

ORDER APPOINTING COUNSEL

On March 30, 1992, the above-named completed an affidavit as to financial ability to employ counsel, and upon review, the Court finds that the affiant is financially unable to obtain counsel. In accordance with the Northern District of Oklahoma Plan for Implementing the Criminal Justice Act of 1984,

IT IS HEREBY ORDERED that the:

_____ Federal Public Defender is appointed to represent the above-named defendant in all further proceedings unless and until relieved by order of the Court.

~~_____~~ Federal Public Defender shall forthwith furnish the name(s) of a private attorney or attorneys, as necessary, for appointment to represent the above-named defendant.

_____ Defendant will reimburse the government for the reasonable cost of providing representation in accordance with his/her ability to pay as determined by further order of the Court.

_____ Federal Public Defender is temporarily appointed to represent the above-named defendant for purposes of initial appearance only.

Dated this 30TH day of MARCH, 1992.


JOHN LEO WAGNER,
UNITED STATES MAGISTRATE JUDGE

APPOINTMENT OF COUNSEL UNDER THE CRIMINAL JUSTICE ACT

UNITED STATES DISTRICT COURT

for the

Northern District of Oklahoma

Out of Ohio

Register No. _____

U.S. Court Docket No. 89-CR-083-005-E

IN THE MATTER OF STATEMENT OF

~~PAROLEE OR MANDATORY RELEASEE~~

PROBATION

STATEMENT OF PAROLEE OR MANDATORY RELEASEE CONCERNING
APPOINTMENT OF COUNSEL UNDER THE CRIMINAL JUSTICE ACT

I, David Royce Ladd, having been fully advised of the charges against me and of my rights as set forth in the attached copy of the (Notice of Pending Dispositional Review) (Warrant Application) (Summons to Appear) understand that I may apply to the United States District Court for appointment of counsel to assist or represent me in this matter before the United States Parole Commission, and that such representation by counsel will be furnished to me if the judicial officer determines I am financially unable to obtain attorney representation;

Pursuant to such notification concerning appointment of counsel,

1. _____ I do not wish to apply to the District Court for appointment of counsel.
2. David R Ladd I do hereby apply to the District Court for appointment of counsel and in connection with this application I state as follows concerning my financial condition:

I am..... Employed _____ Unemployed X
If employed, state weekly income \$ _____
If self-employed, state average weekly income \$ _____
Cash on hand and in bank \$ 0
Number of dependents 5
Property owned: _____

I certify the above to be correct.

David R Ladd

(Signature of Applicant)

Witness:

W. J. Schreckengost, USPO
(Signature and Title)

DATE: 3-16-92

A false or dishonest answer to a question in this application may be punishable by fine or imprisonment or both, (18 USC 1001).

UNITED STATES DISTRICT COURT

FILED

for

MAR 9 1992

NORTHERN DISTRICT OF OKLAHOMA

Richard M. Lawrence, Clerk
U.S. DISTRICT COURT

U.S.A. vs. Ladd, David Royce

Docket No. 89-CR083-05-E

Petition on Probation

COMES NOW Mr. Henry Serna PROBATION OFFICER OF THE COURT presenting an official report upon the conduct and attitude of Ladd, David Royce who was placed on supervision by The Honorable James O. Ellison sitting in the court at Tulsa, Oklahoma, on the 15th day of May, 1990 who fixed the period of Probation supervision at 5 years, and imposed the general terms and conditions of Probation theretofore adopted by the court and also imposed special conditions and terms as follows:

The offender participate in a program for the treatment of substance abuse at the discretion of the U. S. Probation Office.

RESPECTFULLY PRESENTING PETITION FOR ACTION OF COURT FOR CAUSE AS FOLLOWS:

Since the Violation Report dated 01/16/92, we have received documentation that Mr. Ladd has continued to abuse marijuana. Mr. Ladd provided urines on 01/10/92 (certified by PharmChem 01/17/92) 01/13/92 (certified 01/22/92), 01/14/92 (certified 01/22/92), 01/17/92 (certified 01/24/92), 01/21/92 (certified 01/28/92), 01/24/92 (certified 01/30/92) and 02/07/92 (certified 02/13/92) which tested positive for the presence of marijuana.

PRAYING THAT THE COURT WILL ORDER a summons.

ORDER OF COURT

Considered and ordered this 6th day of March, 1992 and ordered filed and made a part of the records in the above case.

James O. Ellison
U.S. DISTRICT JUDGE

Respectfully,

Beto Serna for U.S.

Mr. Henry Serna
U.S. Probation Officer

Place Cleveland, Ohio

Date February 19, 1992

106
2/21/92

89-Q-8301-E

USA vs. Loran Eugene Hall, Sr.

Pdgy # 99

Ordered Sealed in Vault

& also minute sheet from 7/2/91

UNITED STATES DISTRICT COURT FOR THE
NORTHERN DISTRICT OF OKLAHOMA

FILED

JUL - 2 1991

Jack C. Silver, Clerk
U.S. DISTRICT COURT

UNITED STATES OF AMERICA,

Plaintiff,

vs.

LORAN EUGENE HALL, SR.,

Defendant.

Criminal No. 89-CR-83-01-E ✓

OBA #1256

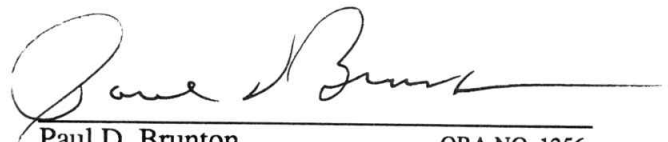
MOTION TO SUBSTITUTE COUNSEL FOR SENTENCING
AND BRIEF IN SUPPORT

COMES NOW the defendant, LORAN EUGENE HALL, SR., by and through his attorney of record, Paul D. Brunton, and requests this Court to allow the substitution of counsel at the defendant's sentencing on July 2, 1991.

Defendant's counsel of record, Paul D. Brunton represents to the court that he will be unavailable for the sentencing of Loran E. Hall, Sr. on July 2, 1991. Counsel has contacted the defendant in Wichita, Kansas who has indicated that he has no objection to the substitution of William E. Erickson for Paul D. Brunton. Counsel has further contacted A.U.S.A., Jack Morgan who indicates that he has no objection to the substitution of counsel as referenced above.

WHEREFORE the defendant respectfully requests that the Court grant the defendant's request for substitution for counsel at the sentencing now set for July 2, 1991.

Respectfully submitted.



Paul D. Brunton

OBA NO. 1256

Attorney for Defendant

LORAN EUGENE HALL, SR.

1310 South Denver Avenue

Tulsa, Oklahoma 74119

(918) 582-1993

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CERTIFICATE OF DELIVERY

I hereby certify that on this ____ day of _____, 1991, a true and correct copy of the above and foregoing Motion for Substitution of Counsel, was delivered to A.U.S.A., Jack Morgan, United State's Attorney's office, 3600 U.S. Courthouse, Tulsa, Oklahoma, 74103.



PAUL D. BRUNTON

FILED

JUL 2 1991

Jack C. Silver, Clerk
U.S. DISTRICT COURT

UNITED STATES DISTRICT COURT FOR THE
NORTHERN DISTRICT OF OKLAHOMA

UNITED STATES OF AMERICA,

Plaintiff,

vs.

LORAN EUGENE HALL, SR.,

Defendant.

Criminal No. 89-CR-83-01-E ✓

OBA #1256

ORDER ALLOWING SUBSTITUTION OF COUNSEL

NOW on this 2^d day of July, 1991 having read the defendant's motion for substitution of counsel and brief in support, orders that same should be granted.

IT IS THEREFORE ORDERED ADJUDGED AND AGREED that Paul D. Brunton's appearance will be substituted by that of William E. Erickson for the defendant, Loran E. Hall, Sr.'s sentencing before the Court on July 2, 1991.


JUDGE OF THE DISTRICT COURT

NOTE: THIS ORDER IS TO BE MAILED
BY MOVANT TO ALL COUNSEL AND
PRO SE LITIGANTS IMMEDIATELY
UPON RECEIPT.

MM

FILED

JUL - 1 1991

Jack C. Silver, Clerk
U.S. DISTRICT COURT

Plaintiff,

VS.

Defendant.

No. 89-CR-83-01-E

Reasons for the Court to consider such a downward departure, is the conduct of the defendant, which conduct, for

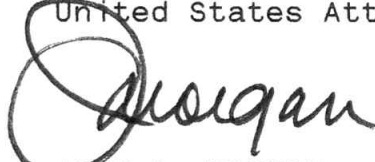
Page 5

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security reasons, should be presented in camera, to the Court at time of sentencing, or any other time so ordered.

Respectfully submitted,

TONY M. GRAHAM
United States Attorney



JOHN S. MORGAN
Assistant United States Attorney
3600 U.S. Courthouse
333 West Fourth Street
Tulsa, Oklahoma 74013

CERTIFICATE OF SERVICE

This is to certify that on the 1 day of July, 1991, a true and correct copy of the foregoing was mailed, postage prepaid thereon, to: Paul Brunton, Esq., 1310 S. Denver, Tulsa, Oklahoma 74119.



Assistant United States Attorney

JSM:vjg

United States District Court

Northern District Ohio

NORTHERN DISTRICT OF OKLAHOMA

FILED

JUN 13 1991 *ds*

Jack C. Silver, Clerk
U.S. DISTRICT COURT

Waiver of Hearing to Modify Conditions of Probation/Supervised Release or Extend Term of Supervision

I have been advised and understand that I am entitled by law to a hearing and assistance of counsel before any unfavorable change may be made in my Conditions of Probation and Supervised Release or my period of supervision being extended. By "assistance of counsel," I understand that I have the right to be represented at the hearing by counsel of my own choosing if I am able to retain counsel. I also understand that I have the right to request the court to appoint counsel to represent me at such a hearing at no cost to myself if I am not able to retain counsel of my own choosing.

I hereby voluntarily waive my statutory right to a hearing and to assistance of counsel. I also agree to the following modification of my Conditions of Probation and Supervised Release or to the proposed extension of my term of supervision:

- 1) "You shall reside in and participate in a program of residential drug treatment facility, as instructed by the U. S. Probation Office until discharged by the director."
- 2) "That the defendant participate in mental health counseling at the discretion of the U. S. Probation Office."

Witness: *[Signature]*

U.S. Probation Officer

Signed: *[Signature]*

Probationer or Supervised Releasee

5-30-91

Date

FILED

JUN 12 1991 *JS*

Jack C. Silver, Clerk
U.S. DISTRICT COURT

UNITED STATES DISTRICT COURT

NORTHERN DISTRICT OF OKLAHOMA

U.S.A. vs. David Royse Ladd

DOCKET NO. 89-CR-083-005-E ✓

PETITION ON PROBATION AND SUPERVISED RELEASE

COMES NOW Scott Kallenberger PROBATION OFFICER OF THE COURT presenting an official report upon the conduct and attitude of David Royse Ladd who was placed on supervision by the Honorable James O. Ellison sitting in the court at Tulsa, Oklahoma, on the 15th day of May, 1990, who fixed the period of supervision at five years probation, and imposed the general terms and conditions theretofore adopted by the court and also imposed special conditions and terms as follows:

You shall submit to urinalysis as directed by the U.S. Probation Office.

You shall not possess a firearm or other dangerous weapon without permission of the U.S. Probation Office.

You shall participate in a program for the treatment of substance abuse at the discretion of the U.S. Probation Office.

RESPECTFULLY PRESENTING PETITION FOR ACTION OF COURT FOR CAUSE AS FOLLOWS:

Since July, 1990, Ladd has been monitored under courtesy supervision by the Northern District of Ohio. Ladd has not responded well to supervision efforts to assist him with his drug dependency problem. Urinalysis administered on March 16, 1991, returned positive for Benzodiazepines. Urinalysis taken on April 22, 1991, tested positive for Codeine and Morphine. A formal evaluation and assessment conducted by the Quest Recovery Services Program in Canton, Ohio, on May 15, 1991, determined that intensive out patient care would be ineffective in Ladd's case. Residential treatment was recommended.

PRAYING THAT THE COURT WILL ORDER that the conditions of supervision be modified to include the following additional conditions:


You shall reside in and actively participate in a program of residential drug treatment, as directed by the U. S. Probation Office until discharged by the director.

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You shall participate in mental health counseling at the discretion of the U.S. Probation Office.

ORDER OF COURT

Considered and ordered this
12th day of June 1991 and
ordered filed and made a part
of the records in the above
case.


James O. Ellison
U. S. District Judge

Respectfully,


Scott Kallenberger, Senior
U.S. Probation Officer

Place Tulsa, Oklahoma

Date June 11, 1991

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF OKLAHOMA

FILED

MAY 29 1991 *JS*

Jack C. Silver, Clerk
U.S. DISTRICT COURT

UNITED STATES OF AMERICA,)

Plaintiff,)

vs.)

LORAN EUGENE HALL, SR.,)

Defendant.)

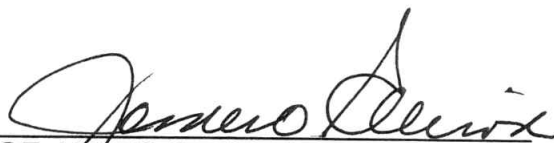
Criminal No. 89-CR-83-001-E ✓

OBA #1256

ORDER

NOW, on this 29th day of May, 1991, this Court having read the defendant's Application for Continuance hereby acknowledges the facts as stated and grants this continuance.

The defendant's sentencing now set for May 30, 1991, at 1:00 p.m. is hereby re-scheduled for the 2nd day of July, 1991, at 1:00 P.M.


JUDGE JAMES O. ELLISION
UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF OKLAHOMA

FILED

IN THE UNITED STATES DISTRICT COURT FOR
THE NORTHERN DISTRICT OF OKLAHOMA

MAY 29 1991

UNITED STATES OF AMERICA

Plaintiff,

vs.

LORAN E. HALL SR.

Defendant.

Jack C. Silver, Clerk
U.S. DISTRICT COURT

No. 89-CR-83-001-E

OBA# 1256

APPLICATION FOR CONTINUANCE

COMES NOW the defendant by and through his attorney Paul D. Brunton and request this honorable court to continue the sentencing of Loran E. Hall, Sr. now set for May 30, 1991, at 1:00 p.m. Federal authorities in Wichita, Kansas are in still in the process of verifying information provided by Mr. Hall, and further time is needed for this purpose.

A.U.S.A. Jack Morgan has no objection to the continuance of this matter.

THEREFORE counsel for the defendant requests this Honorable Court to continue the defendant's sentencing now set for May 30, 1991, at 1:00 p.m. for approximately 30 days.

William E. Erickson for Paul D. Brunton

PAUL D. BRUNTON
WILLIAM E. ERICKSON
Attorney for Defendant
LORAN E. HALL SR.
1310 South Denver Avenue
Tulsa, Oklahoma 74119
(918) 582-1993

OBA# 1256
OBA#13102

CERTIFICATE OF DELIVERY

Now on this 29th day of May, 1991, the defendant delivered a true and correct copy of the above and foregoing Application for Continuance to A. U. S. A. Jack Morgan, 333 West Fourth Street, Tulsa, Oklahoma 74103.

William E. Erickson for Paul D. Brunton
Paul D. Brunton
William E. Erickson

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF OKLAHOMA

FILED

APR 25 1991

Jack C. Silver, Clerk
U.S. DISTRICT COURT

UNITED STATES OF AMERICA,

Plaintiff,

vs.

LORAN EUGENE HALL, SR.,

Defendant.


Criminal No. 89-CR-83-001-E

OBA #1256

ORDER

NOW, on this 25 day of April, 1991, this Court having read the defendant's Application for Continuance hereby acknowledges the facts as stated and grants this continuance.

The defendant's sentencing now set for April 29, 1991, at 1:15 p.m. is hereby re-scheduled for the 30th day of May, 1991, at 1:00 P.M.


JUDGE JAMES O. ELLISON
UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF OKLAHOMA

IN THE UNITED STATES DISTRICT COURT FOR
THE NORTHERN DISTRICT OF OKLAHOMA

UNITED STATES OF AMERICA

Plaintiff,

vs.

LORAN E. HALL SR.

Defendant.

No. 89-CR-83-001-E

OBA# 1256

FILED

APR 25 1991 *CS*

Jack C. Silver, Clerk
U.S. DISTRICT COURT

APPLICATION FOR CONTINUANCE

COMES NOW the defendant by and through his attorney Paul D. Brunton and request this honorable court to continue the sentencing of Loran E. Hall, Sr. now set for April 29, 1991, at 1:15 p.m. Federal authorities in Wichita, Kansas are in the process of verifying information, as agreed to be provided between the defendant and the government. Federal authorities in Wichita suggest 30 days should allow time to verify the information given by the defendant.

A.U.S.A. Jack Morgan has no objection to the continuance of this matter.

THEREFORE counsel for the defendant requests this Honorable Court to continue the defendant's sentencing now set for April 29, 1991, at 1:15 p.m. for approximately 30 days.

William Erickson for Paul D. Brunton

PAUL D. BRUNTON
WILLIAM E. ERICKSON
Attorney for Defendant
LORAN E. HALL SR.
1310 South Denver Avenue
Tulsa, Oklahoma 74119
(918) 582-1993

OBA# 1256
OBA#13102

CERTIFICATE OF DELIVERY

Now on this 25 day of April, 1991, the defendant delivered a true and correct copy of the above and foregoing Application for Continuance to A. U. S. A. Jack Morgan, 333 West Fourth Street, Tulsa, Oklahoma 74103.

William Erickson for Paul D. Brunton
Paul D. Brunton
William E. Erickson